REGISTRATION/ WAIVER/ AND CONSENT FORM

I hereby certify that my child is 6-18 years of age and able to participate in this clinic.

I understand that there are certain risks of injury inherent in the practice and play of this sport and other related activities incidental to my child's participation, and I am willing to assume these risk. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving full consent for my participation, I do hereby voluntarily waive, release, forever discharge, and agree to indemnity and hold harmless the Olympians, coaches, sponsors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

(Name of Participant)	(Age)	(Date of Birth)	
(Street Address)	(City)	(State)	
Please list any physical limitations (all	ergies, hearing, sigh	nt)	
(Participant's Signature)	(Da	(Date)	
(Parent/ Legal Guardian Signature)	(Da	(Date)	
(Phone Number)	(Emergency Contact Name/Number)		