

## PLAYER REGISTRATION FORM

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies or existing medical conditions we should be made aware of:

\_\_\_\_\_

## CAMP OR CLINIC WAIVER FORM

### EACH PARENT MUST SIGN THIS FORM

**The undersigned hereby acknowledges that participation in this camp/clinic and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge Rich Taylor, the ACE Power Band, all employees and agents and the city of Morgan Hill from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries damage to property, and the consequences thereof, resulting from the registrants participation in or involvement with this camp/clinic including any failure of equipment or defect in the premises. I hereby grant permission at any time for the registrant to receive outside or professional medical attention. I hereby give my permission to Rich Taylor or any involved adult coaches to secure the services of whatever medical facility selected and to secure whatever transportation is necessary. I hereby state that I am a legal guardian of said child.**

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_