

REGISTRATION FORM



PLEASE COMPLETE ONE PER CHILD.

Child's Name (Last, First): _____ Age: _____ DOB: _____

Athlete's T-shirt Size: _____

Parent/Guardian Name: _____ Home #: _____

Address: _____ Cell #: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Add'l Parent/Guardian Name: _____ Phone: _____

Address if different from above: _____

Email Address: _____

Primary Doctor's Name: _____ Phone: _____

Preferred Hospital: _____ Date of last physical: _____

Health Insurance Provider: _____ Policy Holder: _____

Member ID: _____ Group #: _____

List All Current Medications: _____

List ALL Allergies: _____

List ALL medical conditions and/or current injuries that may limit participation in any activity at PCA:

(use a separate page if necessary)

Emergency Contact: _____ Phone: _____

(other than parents)

The Following Statements **MUST** be read, initialed, and agreed to through signature of the parent or legal guardian of all minor students, or by the athlete if of legal age:

1. By signing below, I agree to follow all rules and regulations of PortCity Athletics, including all policies governing registration, conduct, procedures and payment. Initial: _____
2. I agree to allow PortCity Athletics to use my child's photo or likeness in any and all of its publications, including but not limited to all printed and digital media, for any lawful purpose, without compensation. (Note: If you do NOT want your child's photo to be used – please check here) Initial: _____
3. In case of Emergency, I authorize my child to be treated by qualified emergency medical personnel and/or taken to the nearest hospital. I agree to bear all costs of any injury to my child sustained as a result of any activity through PortCity Athletics. Initial: _____

Signature: _____ Date: _____

Were you referred to PortCity Athletics by one of our current athletes? If so – please provide their name below.

Referring Athlete: _____

PORTCITY ATHLETICS
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
Name of Participant - Minor Child/Ward
participate in any way in all related events and activities of PORTCITY ATHLETICS, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, coaches, or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms, guidelines, and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest coach, staff or official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the owners, officers, coaches, officials, agents, employees, volunteers, other participants, sponsors, advertisers, and owners/lessors of premises used by PORTCITY ATHLETICS ("Releasees") to conduct their program, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature

Print Name

Date signed

UNDERSTANDING OF RISK:

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to the rules and regulations, and accept them as a participant.

Participant Signature (If over age 18)

Print Name

Date signed