

Poth Arrows Basketball and Baseball Instructional Programs Registration Form

Child's Information: (Please print)

Child's Name (first/middle/last) _____ Name Called _____

Male _____ Female _____ Birth Date ___/___/___ Grade in Fall '17 _____

Known Allergies (please list):

Are there any special medical conditions or restrictions?

Email address (required): This is how we will communicate camp information with you.

1st Parent/ Guardian's Name _____ **Employer** _____

Home Address _____ City _____ Zip _____

Home # _____ Work # _____ ext. _____ Cell # _____

2nd Parent/ Guardian's Name _____

Employer _____

Home Address _____ City _____ Zip _____

Home # _____ Work # _____ ext. _____ Cell # _____

Emergency Information: In case of emergency, whom should we call first?

Child's Doctor _____ Doctor's Phone _____

If Parents or Guardian cannot be reached, call (these persons are also authorized for pick-up):

Name _____

Relationship to Child _____

Home # _____ Work # _____ ext. _____ Cell # _____

Name _____

Relationship to Child _____

Home # _____ Work # _____ ext. _____

Cell # _____

Please read and initial the below statements pertaining to waivers/agreements:

_____ I hereby release and discharge Poth Arrows, its agents, volunteers and employees from any and all claims of injury, illness, death, loss or damage that the participant may suffer as a result of participation in enrolled program(s).

_____ I permit Poth Arrows to use images of my child as a program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the Poth Arrows website which are produced or published by Poth Arrows. I also permit the Poth Arrows and/or the media to use images of my child in broadcast and print/media coverage of Poth Arrows instructional programs.

Parent/Guardian signature: _____ **Date:** ___/___/___