

WICKLIFFE JUNIOR OLYMPICS
2017 REGISTRATION FORM
(PLEASE PRINT)

CHILD'S NAME _____

DATE OF BIRTH ____/____/____ (CIRCLE): MALE FEMALE SCHOOL _____ GRADE(16/17) ____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN _____ PHONE # _____ / _____

PARENT/GUARDIAN _____ PHONE# _____ / _____

EMERGENCY CONTACT _____ PHONE # _____ / _____

CAN YOU BE REACHED BY TEXT? (CIRCLE) YES NO IF YES, TEXT # _____

CHILD SHIRT SIZE (CIRCLE): YOUTH MD YOUTH LG ADULT SM ADULT MD ADULT LG ADULT XL

I, the undersigned, am the parent or legal guardian of the child whose name appears above. I understand that all Wickliffe Junior Olympic Team Activities carry the potential risk of injury. I hereby assume full and complete responsibility for any injury that may occur to my child as a result of participation with The Wickliffe Junior Olympic Team. I hereby release from liability and waive and relinquish any and all claims, demands, and/or causes of action whatsoever against The City of Wickliffe, Wickliffe City Schools and any and all personnel and/or volunteers associated with The Wickliffe Junior Olympics. If transportation to a Wickliffe Junior Olympic Team Activity is provided for my child, I hereby waive and relinquish any and all claims, demands and/or causes of action whatsoever against any and all persons who will be transporting and/or accompanying my child to the team event.

If my child becomes injured or ill while participating in a Wickliffe Junior Olympic Team Activity and reasonable attempts to reach parent/guardian and emergency contact are unsuccessful, **(CIRCLE) I DO / I DO NOT** authorize and empower The Wickliffe Junior Olympics Program Director to consent to and authorize any medical care or treatment that may appear reasonably necessary.

MEDICAL INFORMATION:

- 1) Does child have asthma? (Circle) Yes No
- 2) Does child have allergies? (Circle) Yes No If Yes _____
- 3) Does child have heart condition? (Circle) Yes No If Yes _____

List any additional medical information: _____

PARENT/GUARDIAN SIGNATURE

DATE

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OFFICE USE ONLY

DONATION \$ _____ CASH CHECK# _____ RECEIVED BY _____ DATE _____