

**WICKLIFFE JUNIOR OLYMPICS**  
**2016 REGISTRATION FORM**  
(PLEASE PRINT)

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ (CIRCLE): MALE FEMALE SCHOOL \_\_\_\_\_ GRADE(15/16) \_\_\_\_

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

.....  
OFFICE USE ONLY

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