



Registration Form and Release

Child's Name: _____
 Parents or Guardians: _____
 Address: _____ City: _____ Zip: _____
 Email: _____
 School: _____ Grade: _____ DOB: _____
 Height: _____ Home Phone: _____ Other Phone: _____

Pre-requisite: In order for a student to participate in Wahoops, Wahoops requires that they participate in WARA, middle school or another organized league/team at the most recently available opportunity. Please indicate the last league/team student was part of.

League/Team _____ Date _____
 (e.g. WARA/Wahoo Middle School) (e.g. winter 09)

PARENT'S RELEASE:

I hereby give permission for my child to participate in the Wahoops program. I understand that the coaches and sponsors have no responsibility, assume none, and do not carry accident insurance for the benefit of my child.

I hereby, for myself, my spouse, if any, our heirs, and personal representative waive and release any and all claims for damages we may have against the coaches, sponsors, the driver of any motor vehicles transporting the children, their agents, representatives and assigns for injuries which my child might suffer while participating in this program.

I further agree that I will assume full responsibility for my child's medical expense and well being.

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

MEDICAL RELEASE: TO ALL HOSPITALS AND/OR MEDICAL PERSONNEL

As parents or legally certified guardians of _____, a minor child, we do hereby give authority to the following coaches: _____

_____ to obtain all necessary medical assistance for my child, stated above, in the event of an emergency, including the assistance of a physician and/or hospital. This authorization is granted in situations wherein a parent cannot be reached immediately.

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

MEDICAL INFORMATION:

Please check any of the following which may be applicable, (Describe if necessary)

Glasses: _____ Asthma: _____ Diabetes: _____ Epilepsy: _____

Allergies: _____ Hearing Loss: _____ Requires daily medication: _____

Orthopedic information: _____ Other: _____