2012 PROJECT C.H.U.C.K. REGISTRATION FORM

LAST NAME FIRST NAME DOB / /

ADDRESS

CITY STATE ZIP

( ) ( )
HOME PHONE CELL PHONE

SCHOOL GRADE AGE AS OF 6/1/2012

WHAT TEAM WERE YOU ON IF YOU PLAYED LAST YEAR? GENDER (circle one) M / F

Adult Jersey Size: S M L XL XXL XXXL

INSURANCE My son/daughter is covered by:

NAME OF INSURANCE COMPANY

POLICY NUMBER

MEDICAL AND CONSENT FOR TREATMENT To the best of my knowledge:

CHILD'S NAME

is in excellent physical condition and has my permission to participate in Project C.H.U.C.K. Summer 2012.

FAMILY PHYSICIAN

( )
PHONE LAST PHYSICAL

LIST ANY ALLERGIES

REQUIRED MEDICATION

In case of an accident or illness, I hereby authorize a representative of Best of the Batch Foundation/ Project C.H.U.C.K. to use his/her judgment in obtaining immediate medical care. (Parents will be notified in case of serious illness or injury as quickly as they can be reached.)

PARENT/GUARDIAN SIGNATURE DATE

( )
EMERGENCY CONTACT NAME AND PHONE PHONE

PROMISE

I agree to take responsibility as a player to read my assigned book, attend study hall and to review and follow all Project C.H.U.C.K. rules.

CHILD'S SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

STATEMENT OF PARENTAL RESPONSIBILITIES AND RELEASE

To participate in Project C.H.U.C.K. in consideration of the services to be performed by its sponsors, officers, and volunteers, I do hereby assume all the risks and hazards incidental to the conduct of the activities, and I do further hereby release, absolve, indemnify and hold harmless Project C.H.U.C.K., operated and sponsored by Best of the Batch, its sponsors, officers, and volunteers of and from all manner of action and actions, cause or causes of action, suits, debts and sums of money, claims of demands whatsoever, in law or equity, arising out of or pursuant to the conduct of the activities. I am fully aware of risks inherent to this activity and should not participate or allow my child to participate unless medically able. I assume all risks associated with this activity. I also agree that photographs, recordings or any other record may be used for the purpose of promoting programs operated or sponsored by Project C.H.U.C.K. In case of accident or illness, I authorize a representative of Project C.H.U.C.K. to obtain immediate care deemed necessary by licensed medical personnel. I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily, and hereby take responsibility for the above information and it is accurate to the best of my knowledge. I also understand that if not correct, my above-named child will be ineligible to play for the season.

PARENT/GUARDIAN SIGNATURE DATE

(Parent/Guardian must sign if participant is under age 18)

office use ONLY: B/C_____ R/C_____ P/I_____