



(for staff use only)

Date: _____

Team: _____

CLASS REGISTRATION FORM

2018 - 2019

Athlete Name:	Date of Birth:	Female	Male
		<input type="checkbox"/>	<input type="checkbox"/>
Mother:	Cell: ()		
Father:	Cell: ()		
Address:			
City:	State:	Zip:	
Email:			
Medical Conditions/Allergies:			

Authorization and Release

I authorize Virginia Wild and its representatives to consent to medical treatment for my child when I cannot be reached for consent. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization. Exceptions to this authorization are as follows:

I am fully aware that any activity involving motion, height, or athletic activities creates the possibility of serious injury, and I further agree to hold Virginia Wild and its staff and officers harmless for any injury or resulting expense(s). I release and discharge all rights and claims against Virginia Wild and its parties. Virginia Wild strives to provide the maximum in safety procedures and guidelines, and cannot assume responsibility for any accidents, injury or illness that may occur.

I authorize Virginia Wild to use photographs, video and/or other likenesses of my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.

Signature of Parent/Legal Guardian or Adult Athlete

Date