

Stonehill College Athletics Department - Special Event Registration Form

Name of the Program you are registering for: _____

Participant's Name (First, Middle, Last): _____

Date of Birth: ___/___/___ Primary Telephone Number: (_____) _____

Email Address: _____

Mailing Address: _____

Parent/Guardian Name: _____

Parent/Guardian Alternative Telephone Number: (_____) _____ Today's Date: ___/___/_____

Consent to Treatment/Release: In consideration of the participant's acceptance into the above-named program, as the parent/guardian of the participant, I grant permission for the staff of Stonehill College to secure medical treatment through any emergency medical responder or any hospital if securing such treatment is determined to be necessary in the sole discretion of the staff of Stonehill College. I understand that all possible effort will be made to inform me in case of such treatment, but I understand that the College's first priority will be to secure the necessary treatment. I do hereby agree to release Stonehill College, its employees, agents, officers, staff and volunteers, from any and all liability relating to any injury sustained by my child relating to his or her participation in the program, including travel to and from the program, unless such injury is caused by the willful or gross negligence of the College or its agents.

I hereby represent that the participant receives regular physical examinations from a qualified medical professional and I am not aware of any reason or condition that would prevent the participant's safe participation in the program and I consent to such participation. I understand that for certain designated programs I may be required to submit a medical authorization from a qualified medical professional and that the participant's eligibility for the program is conditioned up the receipt of such authorization.

List any participant allergies: _____

List any medications taken regularly by participant: _____

List any other medical conditions relevant to participation in the program: _____

Insurance Information:

Insured's Name: _____ Insurance Name: _____

Insurance Policy #: _____ Insurance Phone Number: (_____) _____

Photos

I understand that photos and videos are occasionally taken and that any photo taken of my child may be used by Stonehill College, Stonehill Athletics, or the Northeast-10 Conference for publicity purposes. I have read and understand, and I agree with the photo release outlined above as it relates to my daughter(s).

___ I Agree ___ I Do Not Agree