



**HAWK SPORTS CAMP, LLC
2012 REGISTRATION FORM
Activity Session June 5-7**

PARTICIPANT'S INFORMATION (AGES 5-12 ONLY): (please print or type)

Full Legal Name (Last, First, MI): _____

Street Address, City, Zip: _____

Birth Date (MM/DD/YYYY): _____

Name of Legal Parent/Guardian: _____

Relationship: _____ **Day Phone:** _____

E-mail: _____ **Eve Phone:** _____

Emergency Contact #1: _____ **Phone:** _____

Relationship: _____

Emergency Contact #2: _____ **Phone:** _____

Relationship: _____

Doctor's Name: _____ **Phone:** _____

List Medical Problems or Prohibitions Participant Has:

SHIRT SIZE: (check one) YS YM YL AS AM AL

OTHER FAMILY MEMBER(S) PARTICIPATING IN ACTIVITY SESSION:

Name/Age(s): _____

PARENT SUPPORT: (please check one or more)

Coach Assistant **Volunteer** **EMT/First Aid**

Other _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

By my execution, freely given as provided below, I, as the legal parent/guardian of the above named Minor(s), do hereby give my consent for emergency medical care prescribed by any licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions exist and are necessary, in the sole opinion of the aforementioned Doctor of Medicine or Doctor of Dentistry, to preserve the life, limb or well being of my dependant.

INDEMNIFICATION

I, the Legal Parent/Guardian of the above named child, hereby give my approval to his/her participation in any and all Hawk Sports Camp, LLC activities during the current sessions. I understand that these sessions are dangerous sports/activities that may result in serious injury or even death. I assume all risks and hazards incidental to such participation including transportation to and from such activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless anyone on the board, coaches, or volunteers of Hawk Sports Camp, LLC and the sponsors, supervisors, participants, and persons transporting my child to and from activities/ sessions for any claim arising out of injury to my child.

Signature of Legal Parent/Guardian

Date

Fees Paid: \$ CASH CHECK PAYPAL

Date Received: _____

HSC REG FORM 1.31.12