



**THE ATHLETE'S EDGE OF GREENCASTLE
REGISTRATION FORM**

PROGRAM _____ **DATE:** _____

Name: _____ **DOB:** _____ **T-shirt size:** _____

Phone: _____ **Email:** _____

Address: _____

Emergency Contact Information: _____

Name

Relationship to Participant

Phone

Waiver of Liability/Parental Consent

I/we, the undersigned, hereby certify that I/we are the parent or legal guardian of the camper. I/we further certify that the camper is physically capable of participating in the Camp and all related activities. I/we hereby give permission for the staff of The Athlete's Edge to seek appropriate medical treatment for the camper during the period of the Camp and for the camper to receive medical attention in the event of an accident, injury or illness. I/we will be responsible for all costs of medical attention provided. As a condition to the camper's participation in the Camp, I/we, for ourselves individually and on behalf of the camper, our heirs, executors, and administrators, hereby waive, release and forever discharge The Athlete's Edge of Greencastle, including its owners, staff and camp coaches ("Released Parties") from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, illness or property damage that may be sustained or occur during participation in (including periods of rest or other activities related to) or otherwise be associated with the Camp and/or any duties or the breach of any duties that the Released Parties have or are alleged to have to the camper or the undersigned in connection with the camper's participation in the camp, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

Please sign and date this waiver and print your child's name.

Parent or Legal Guardian
(Sign): _____

Date: _____

Child's name (Print): _____