

PTAF INDIVIDUAL REGISTRATION AND RELEASE FORM

NAME: _____ MALE FEMALE

ADDRESS: _____

TELEPHONE: (____) _____ TEE SHIRT SIZE: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: (____) _____

EMAIL: _____

HEALTH INFORMATION

FAMILY PHYSICIAN: _____

TELEPHONE: (____) _____ MEDICAL INSURANCE: _____

PLAN NUMBER: _____

MEDICAL HISTORY: NONE AS LISTED: _____

ALLERGIES: NONE AS LISTED: _____

MEDICATIONS: NONE AS LISTED: _____

I, or my child, must be able to self-administer all medications, be in general good health, and be able to participate in normal activities. I give permission to administer first aid and for me or my child to be transported to a medical facility if deemed necessary.

MEDIA RELEASE

I hereby consent to the taking of photography, movies, videos, and any medium of me or my child (children). I hereby grant the right to edit, reproduce, use or release said images for all purposes.

I certify that all the above information is correct and that I give my child permission to participate in all activities. I hereby agree to release, indemnify, and hold harmless parties from and against any cost demanding actions or causes of action, loss liability, damage, or cost arising from the authorization.

Please Print:

PARTICIPANT NAME _____ PARENT NAME _____

SIGNATURE _____ SIGNATURE _____

DATE _____

DATE _____