**Wild Marsh Kids & Clays Program**

**Registration and Medical Consent Form**

Athlete’s Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_Female Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Current Grade \_\_\_\_\_\_\_\_\_\_

In the event that the Athlete may require emergency medical care, or in the event the Athlete may become ill, while participating in the Wild Marsh Kids & Clays Program, Athlete (and Athlete’s parent/legal guardian if Athlete is a minor) hereby gives advanced consent to the Wild Marsh Sporting Clays, Inc., Sponsors and Governing Bodies, including their respective coaches & volunteers, to provide, through a medical staff of their choice, necessary or advisable medical care and treatment to Athlete.

Athlete (and Athlete’s parent/legal guardian if Athlete is minor) further agree to pay any and all medical costs, expenses and charges and to release, waive, discharge and hold harmless Wild Marsh Sporting Clays, Inc., Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers, from and against any liability or any claim or demand arising from or connected with such medical care and treatment.

Athlete Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian – Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of any emergency, please contact the following individual:

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Athlete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different from above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E Mail (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We divide the Athlete’s into divisions for individual awards, based on the current grade in school.

\_\_\_\_\_ROOKIE (grades 5 and under only)

\_\_\_\_\_INTERMEDIATE (grades 6-8 only) **first year participation in this division**

\_\_\_\_\_INTERMEDIATE ADVANCED (grades 6 – 8 only) after one year participation in this division

\_\_\_\_\_SENIOR DIVISION JR VARSITY (grades 9 – 12 only) **first year participation in this division**

\_\_\_\_\_SENIOR DIVISION VARSITY (grades 9 – 12 only) after one year participation in this division

**\*\*\*\*\*This form must be retained by Team coaches at Wild Marsh Sporting Clays, Inc**.