

CAREN KEMNER'S SUMMER VOLLEYBALL SERIES

TO REGISTER, PLEASE COMPLETE AND MAIL THE FOLLOWING INFO/MEDICAL FORM WITH
YOUR PAYMENT TO:

Riverfront Athletic Association
1600 N 43RD
Quincy IL 62305

(Please make checks payable to Riverfront Athletic Association)

Note: If you have more than one athlete attending, please fill out a separate form for each participant!

Please circle which camp your athlete will be attending:

GRADE ENTERING IN FALL 2010

JUNE 22ND-24TH

JUNE 29TH-JULY 1ST

JULY 6TH-8TH

JULY 12TH-14TH

Please circle your T-shirt size: (YOUTH SIZES) M LG (ADULT SIZES) SM M LG

Participant's Name _____

Grade _____

Emergency Information

Father's/Spouse's Name _____

Home Phone (____) _____ Cell (____) _____

Mother's/Other's Name _____

Home Phone (____) _____ Cell (____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone (____) _____

Medical/Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT, PLAYER, CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I, the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant, acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might not result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play or the conditions of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Caren Kemner, its affiliated organizations and sponsors, their coaches, managers, employees, and associated personnel, officers, directors, agents, including the owners and leasers of the premises used to conduct the event, all of which are hereinafter referred to as "releasee", from any and all liability to each above signed, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the programs. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given substantial rights by signing this release and sign above voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from Caren Kemner will cause the participant to be removed from the program. (Revised 5/9/09)

Parent /Guardian Signature _____ Date _____

(Parent or Guardian signature needed only if participant is less than 18 years of age.)

Participant's Signature _____ Date _____