



## Mile High Tumblers 5280 Registration Form

**Camp Description:** \_\_\_\_\_

**Athlete Information:** Athlete's Name: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Sex: M / F

**Parent Contact:** Parent's / Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact information:** Primary Emergency Contact (If same as above write "same"): \_\_\_\_\_

Relationship: \_\_\_\_\_ Primary Emergency Phone (If same as above write "same"): \_\_\_\_\_

**Please list three Alternate Emergency Contacts:**

Alternate Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Media Release:**

Term of Agreement: I give permission for my child to be included in any media releases for Mile High Tumblers 5280. Such use includes the display, distribution, publication, transmission or otherwise use of photographs, images, and / or video taken of my child for use in materials. This includes, but may not be limited to, printed materials such as brochures, newsletters, videos, and digital images.

Check if permission is given: \_\_\_\_\_

Check if permission is denied: \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information:**

Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies / Special Health Considerations:

\_\_\_\_\_

\_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/ or hospital procedures as may be performed or prescribed by the attending physician and/ or paramedics for my child. I also waive my right to "Informed Consent" of treatment. This waiver applies only in the event that neither parent / guardian cannot be reached in the event of an emergency.

Parent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_