

# Richmond Spirit Golf Registration Form 2010

## Player Information (please print)

Players Last name		First name		
Street Address			Home phone	
City			Player's Cell phone	
State		Zip	E-mail	
D.O.B	Age	Grade		Office use JV    V

### Parents or Legal Guardian Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Father's Cell phone \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ zip \_\_\_\_\_ Mother's Cell phone \_\_\_\_\_

#### Email

### Emergency contact other than immediate family member

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Medications Taken at this time	Allergies	Special Instructions

In the event of injury or emergency, if I or my emergency contact cannot be notified, I authorize the individuals in charge to obtain emergency medical treatment for my child as deemed necessary by competent medical personnel. I understand that I am fully responsible for any and all charges incurred in the event of such treatment.

Primary Medical Insurance Company: \_\_\_\_\_

Policy number \_\_\_\_\_

Physician's name \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical \_\_\_\_\_ Preferred hospital \_\_\_\_\_

### REGISTRATION FEE INFORMATION

**A player fee of \$50 is due with this registration form.** The fee will be deducted from the total player fee for the year. This fee is non-refundable.

Date received: \_\_\_\_\_ Check# \_\_\_\_\_ Cash amt. \_\_\_\_\_

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## **Richmond Spirit Athletics Release, Waiver of Liability, and Indemnification**

The undersigned (hereinafter “participant) represents to Spirit Athletics, A non-profit organization, as well as any and all adults and children participating in athletics referred to as Spirit Athletics (and all such persons being referred to as “Spirit Athletics participants”); that he / she is taking part and participating in activities, including, without limitation, running, jumping, physical contact, interaction with other participants, and mingling; that there is always the risk of injury, illness, loss and possible consequential “damages”); and the participant does for himself / herself assume the risk of such damages and does hereby wholly release the organization and its officers, coaches and other participants from any responsibility or liability and waives any claims or causes of action against the athletic participants or their agents that might arise on account of any damages caused by any accident, negligence or any other circumstance during the participation in any Spirit Athletics event. The participant agrees to hold harmless athletic participants from any responsibility or liability and waives any claim or cause of action that might arise on account of any damages occasioned by any circumstance involving the participant and agrees to hold harmless the athletic participants in the event any such claim should arise. The participant understands that they must abide by the rules and regulation, supervision and discipline set and applied by any Spirit Athletics leader and its agents; The participant understands that it is their responsibility to make payment for any costs or expenses incurred in receiving any medical treatment or hospitalization. The participant attests, affirms and acknowledges that he / she has carefully read the above release, waiver and indemnification and agrees to its provisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_