

REGISTRATION FORM

*Please fill out and email back to coachcori@trainingbymeetzgar.com

NAME: _____

ADDRESS: _____

PHONE: _____

DOB: _____ GRADE: _____

GENDER: _____ SHIRT SIZE: _____ YOUTH OR ADULT? (CIRCLE ONE)

EMAIL ADDRESS: _____

MEDICAL INSURANCE CO: _____ POLICY #: _____

EMERGENCY CONTACT NAME/NUMBER/RELATION: _____

ALLERGIES/CONDITIONS/MEDICAL CONCERNS: _____

CAMP REGISTRATION (PLEASE CHECK ONE OF THE FOLLOWING):

SPORTS PERFORMANCE CAMP

_____ \$110 EARLY BIRD REGISTRATION FEE (until July 1, 2018)

_____ \$125 REGISTRATION FEE (after July 1, 2018)

**IF YOU PARTICPATED IN THIS CAMP IN 2017 PLEASE DISCOUNT \$10*

FOOTBALL SKILLS CAMP

_____ \$225 EARLY BIRD REGISTRATION FEE (until July 1, 2018)

_____ \$249 REGISTRATION FEE (after July 1, 2018)

**IF YOU PARTICPATED IN THIS CAMP IN 2017 PLEASE DISCOUNT \$10*

***This form needs to be submitted before beginning camp, either email it after paying online
-OR-**

Print and submit with check payment to:

**COR1 Athletics
1411 Gwinn St. E
Monmouth, OR 97361
208-596-9149**

Release of Liability and Consent for Medical Care and Treatment

In consideration for being allowed to participate in any way in the COR1 Athletics Football and Sports Performance Camps and related events and activities, the undersigned:

- Agrees that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he/she should inspect the facilities and equipment to be used and if anything is believed to be unsafe, he/she should contact the Camp Director immediately and refuse to participate
- Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, the condition of the premises or of any equipment used
- Assumes all the forgoing risks and accepts personal responsibility for the damages following any injuries
- Releases, waives, discharges the COR1 Staff and Camp Coaches from any and all liability to each of the undersigned, his or her heirs, next of kin and parent(s)/guardian(s) from all claims, demands, losses or damages on account of injury, including death or damage to property, caused by or alleged to be caused in whole or in part by the negligence of the releases or otherwise, and covenants not to sue the COR1 Staff or Camp Coaches
- Parent(s)/Guardian(s) authorizes all medical, surgical, diagnostic and hospital procedures as may be performed or presented by a physician for the above said if I cannot be reached in case of emergency

PARTICIPANTS SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____