

COR1 ATHLETICS

REGISTRATION FORM

PLEASE CHECK ONE OF THE FOLLOWING:

_____SPORTS PERFORMANCE CAMP (July 8-11, 2019/10 a.m. – 12 p.m.)

_____FOOTBALL SKILLS CAMP *July 8-11, 2019/1:00 p.m. – 4 p.m.)

Fill out and email back to coachcori@trainingbymeetzgar.com

ATHLETE INFORMATION

Athlete's Name

Date

Parent/Guardian Name (Printed)

Phone Number (cell/home)

Address

City/State/Zip

Medical Insurance Co. & Policy Number

DOB

Allergies/Conditions/Medical Concerns

Gender (M/F)

Emergency Contact Name/Relation

Emergency Contact Phone

Method of Payment (online/onsite/mail)

Previous Attendee (Y/N)?

How did you hear about us?

*This form needs to be submitted BEFORE beginning camp, please email it after paying online or print and submit with check payment to:

COR1 Athletics
1461 Emerson Ln S
Monmouth, OR 97361
208-596-9149

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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 Skills Camp or Sports Performance Camp 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 full understands that each participant will be engaging in activities that involve a risk of serious injury which may 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 of the equipment used
- Assumes all the forgoing risks and accepts personal responsibility for the damages following any injuries
- Releases, waives, discharges the COR1 Athletics 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 Athletics Staff of 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

PARTICIPANT'S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____