

**New Heights
Application and Release
For Participation In Athletic Activities
For Year Of
August 1, 2014 to July 31, 2015**

Names of Participants from the Same Family:

Age of Participant = Participant's Age on **September 1, 2014**

Name _____ DOB _____ Age _____ Grade _____

Name _____ DOB _____ Age _____ Grade _____

Name _____ DOB _____ Age _____ Grade _____

Name _____ DOB _____ Age _____ Grade _____

Name _____ DOB _____ Age _____ Grade _____

Name _____ DOB _____ Age _____ Grade _____

***Check here _____ if you listed additional participants on the back

Parents/Guardian Information:

Name: _____ Relationship _____

Home Phone _____ Cell Phone _____

Email: _____

Name: _____ Relationship _____

Home Phone _____ Cell Phone _____

Email: _____

Permission and Release of Liability: I give permission for Participant to participate in athletic activities and I hereby declare that I have consulted with a physician and the Participant is physically able to participate in strenuous activities such as competitive athletics. In the event that Participant is injured, I waive and release all rights to any claims for damages against New Heights, sponsors, or representatives. I understand that New Heights does not carry medical insurance for participants or coaches and I am fully responsible for any and all medical bills.

Medical Release: In the event that Participant suffers sudden illness, accident, or injury, and I (Parent/Guardian of Participant) am not available and cannot be contacted, I give permission that medical and emergency personnel be contacted to provide medical and emergency treatment for Participant. I understand that I am fully responsible for any and all cost for medical and emergency treatment.

Birth Certificates: New Heights does not keep copies of birth certificates on file. Parents and Guardians are to maintain a copy of a birth certificate for the Participant and be willing to provide a birth certificate if one is ever needed for age verification.

List pertinent medical information or physical limitations below and alert coaches to any serious ailments or concerns (diabetes, allergies, asthma, etc.):

Expectations For Participants & Parents/Guardians:

New Heights participants and parents/guardians are expected to promote good sportsmanship and character at all practices and events.

By signing this form, you are agreeing to all the statements listed above, including, but not limited to, release of liability and medical treatment.

Please Sign and Date:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date