

**Premier Performance Athletics**  
**REGISTRATION FORM**  
**Participant Information Sheet**



<b>Participant's Name:</b>		<b>Date of Birth</b>	
<b>Address:</b>		<b>Gender:</b>	<b>Current Age</b>
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Grade</b>
<b>School:</b>	<b>School District:</b>		
<b>Participant's Cell Phone:</b>		<b>Participant's Email Address:</b>	
<b>Father's Name:</b>		Email Address:	
Work Phone:		Cell Phone:	
<b>Mother's Name:</b>		Email Address:	
Work Phone:		Cell Phone:	
<b>Emergency Contact Person</b> <i>(if different from father or mother):</i>			
Name:			
Relationship:		Cell Phone:	
<b>Parent/Legal Guardian Signature:</b>			

<b>For Registrar's Use Only</b>			
<input type="checkbox"/> <b>8U</b>	2007 +	Amount Paid \$ _____ <input type="radio"/> Cash <input type="radio"/> Credit <input type="radio"/> Check #	<input type="checkbox"/> Birth Cert. <input type="checkbox"/> Photo <input type="checkbox"/> USA Card <input type="checkbox"/> Opt-Out
<input type="checkbox"/> <b>9-10</b>	2005-2006		
<input type="checkbox"/> <b>11-12</b>	2003-2004		
<input type="checkbox"/> <b>13-14</b>	2001-2002		
<input type="checkbox"/> <b>15-16</b>	1999-2000		
<input type="checkbox"/> <b>17-18</b>	1997-1998		
		<b>Reg. Completion Date:</b>	

# Medical Release

<b>Participant's Name:</b>	<b>Date of Birth:</b>
<b>Medications and Frequency Taken by the Participant:</b>	
<b>Medications in Participant's Possession:</b>	
<b>Medical History</b> <i>(List any pertinent medical history or chronic medical problems. Please include any special precautions, injuries, etc. that should be considered.):</i>	
<b>Primary Care Physician Name and Telephone Number:</b>	
<b>Medical Insurance</b>	
<b>Ins. Co. Name:</b>	<b>Name of Insured:</b>
<b>Policy or Group Number &amp; ID#:</b>	
<b>Medical Authorization</b>	
<p>I release the coaching staff and Premier Performance Athletics from any responsibility for bodily injury my child may receive while participating in the program. I understand that I am responsible for any medical fees accrued by my child as a result of medical attention. In the case an emergency and a parent cannot be reached by phone, I authorize an officer or member of Premier Performance Athletics staff to obtain medical treatment for my child and any hospital medical staff requested by a physician to make such examinations and render such medical treatment which in his/her judgment may be deemed necessary for my child's health and welfare.</p>	
<b>Parent/Legal Guardian Signature:</b>	<b>Date:</b>