

CROSSOVER PARTICIPANT REGISTRATION

PARTICIPANT'S FULL NAME			
GRADE (GOING INTO)			
PARENT / GUARDIAN NAME:			
PARENT / GUARDIAN PHONE:			
PARENT / GUARDIAN EMAIL:			
ADDRESS:			
CITY		STATE _____	ZIP:
EMERGENCY CONTACT #			
ANY ALLERGIES:			
ADDITIONAL NAME OF PERSONS WHO CAN PICK-UP CHILD:			

(Initial) _____ I, the parent or guardian, acknowledge that participation in this event involves the risk of injury or exposure to any infection while doing physical activity with groups of people. I further acknowledge that this event is primarily administered by volunteers. I hereby release the event staff, its sponsoring organizations, and other representatives from any claims arising out of or related to any physical injury or infection that may occur to the said individuals while participating in this event.

Parent / Guardian Signature

Date