

# Speed Quickness Agility Registration

Athlete's Name \_\_\_\_\_ Athlete's Age at the start of camp \_\_\_\_\_

Grade for the 2019/20 school year \_\_\_\_\_ Athlete's sports \_\_\_\_\_

Street address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_ Cell/Home Phone \_\_\_\_\_

Email for Contact \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Past sports injuries \_\_\_\_\_

Emergency Contact # 1 \_\_\_\_\_ Relationship to athlete \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship to athlete \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Is there anything you want the camp staff to know? \_\_\_\_\_

I realize that participation in athletics, contact or non-contact, involves a risk of injury. Additionally, I acknowledge that my child is covered by my own medical insurance policy and should any injury occur while he or she is participating in camp, I will be responsible for any medical expenses. Knowing this, I give my child permission to participate in Strength Quickness Agility Summer Conditioning Camp.

In the event that I cannot be contacted, I give permission for a hospital or doctor to administer treatment to my child, in the case of emergency, while under supervision of my emergency contact or designated Strength Quickness Agility Summer Conditioning Camp personnel.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Information

Athletes are encouraged to register as soon as possible.

Make checks payable to AVCS Booster Club. Full payment must accompany this registration form (\$80 per athlete) Return the completed registration w/ payment to Mrs. Knapp (Sets E & F) or Mrs. Taylor (Sets C, H, & I) at the MHS Registration forms may also be mailed to:

AuSable Valley High School  
c/o AVCS Booster Club  
1490 Rt. 9N  
Clintonville, NY 12924