

Madison County Beasts Athletics Registration Form

Athlete Information

Athlete Name _____

Address _____

Birthdate _____ Age _____ Sex M F

Home Phone _____ School _____ Grade _____

Size YS YM YL YXL AS AM AL AXL AXXL

Medications, allergies (food included, or special needs):

Parent/ Guardian Information

Name _____

Email Address _____

Home Phone _____ Cell _____

Emergency Contact: Other than named above, authorized to pick up child or call in case of emergency. Primary will be contacted first.

Name _____ Phone _____

Relationship to Child _____

Madison County Beasts Athletics

Waiver

Waiver: In consideration of the acceptance of my child, I hereby waive and release the Madison County Beasts Association and any person associated with this organization of all responsibility and liability of any nature whatsoever as it concerns any/all injuries, sickness, or damages incurred from my child's participation. Further, I certify my child is physically fit and capable of participating in the activities for which he/she registered. I give my permission for the free and unrestricted use of my child's picture in any telecast, broadcast, or written account of this program. I acknowledge my email will be used exclusively by Madison County Beasts Association for the purpose of sharing related information regarding this program.

Refund Policy: There are no refunds or exchanges.

Print Name _____

Parent Signature _____

Date _____