

JUMP HIGH ATHLETIC CLUB Waiver

NAME _____ SEX _____ B/DATE ____/____/____

ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL _____

FATHER'S NAME _____ PHONE () _____

MOTHER'S NAME _____ PHONE () _____

NAME OF SCHOOL _____ GRADE _____ AGE _____

EMERGENCY CONTACT _____ PHONE () _____

EVENTS/PB:

100/_____, 200/_____, 400/_____, 100H/_____, 110H/_____, 300/400H/_____

LONG JUMP _____, TRIPLE JUMP _____, HIGH JUMP _____, POLE VAULT/_____

UNIFORM (CIRCLE):

SHORTS: XS,S, M, L, XL, 2XL, 3XL TOP: XS, S, M, L, XL, 2XL, 3XL

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH USATF/AAU APPLICATION:

- COPY OF BIRTH CERTIFICATE OR DRIVER'S LICENSE

WAIVER: I verify that my child has had a physical exam in the past year and is capable of participating in the activities related to the club. I agree to indemnify, hold harmless and defend Robert Cervenka, Jump High Athletic Club, and/or their agents or employees from any and all liability for injury to my child as well as any injury or damage caused by my child. Should medical treatment for my child be necessary, I hereby authorize any physician or trainer selected by camp personnel to order and conduct medical or surgical procedures necessary. In addition, I hereby grant permission for Jump High Athletic Club to use any photography or videotape of related club activities for advertising or educational video materials.

PARENT'S SIGNATURE _____ DATE _____

ATHLETE'S SIGNATURE _____ DATE _____