

# COON VALLEY & AREA YOUTH FOUNDATION

## REGISTRATION FORM

Participant's Name: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Participant's Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

### *2017 – 2018 Authorization*

The undersigned parent/guardian of the participant described above hereby approves the participation of the above described participant in any and all activities of the Coon Valley & Area Youth Foundation / Village of Coon Valley activities during the 2017-2018 season. The undersigned, on behalf of the undersigned and participant, assumes all risks and hazards incidental to such participation, and does hereby waive, release, indemnify and agree to hold harmless the Coon Valley & Area Youth Foundation and the Village of Coon Valley, the officers, organizers, coaches, persons transporting the participants to and from activities, sponsors and any other participants from any and all claims and damages of any kind, by any person or entity resulting from or in any way related to participation in activities sponsored by the Coon Valley & Area Youth Foundation and/or Village of Coon Valley by the participant.

The undersigned does hereby authorize the Coon Valley & Area Youth Foundation / Village of Coon Valley representatives as agents for the undersigned to consent to any medical or surgical diagnosis, or treatment, hospital care, examinations, x-rays, and anesthetics that are deemed advisable by and is rendered under the supervision of any medical practice or staff of any hospital or clinic.

This authorization is given in advance of any specific diagnosis, treatment, or medical care being required. This authorization is given to provide authority and power on the part of the agents described above to give specific consent to any and all diagnosis, treatment or medical care which the physician, and the exercise of his or her best judgment, may deem advisable. This authorization shall remain in effect until the completion of the 2013-2014 season, unless sooner revoked, in writing, delivered to the agents.

The participant has no medical problems or problems or prohibitions except as follows:

\_\_\_\_\_

\_\_\_\_\_

### **Emergency name and number when the parent / guardian is not available:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Family physician's Name: \_\_\_\_\_

Physician's Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent / Guardian

**Any child traveling to any outing will need a signed note from their parent / guardian to ride home with anyone other than the Coon Valley & Area Youth Foundation . Note must be presented prior to boarding the bus or they will be required to ride the bus back to the destination where they originally boarded.**