

# Murfreesboro Mustangs

## 2009 Youth Camp Registration

Childs Name: \_\_\_\_\_ Print first & last name

Address: \_\_\_\_\_ Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Gender: M / F Shirt Size: \_\_\_ youth or adult

Football **\$40.00**

Cheerleading **\$50.00** \*ask for sibling discount \* (this only applies to cheerleading)

Payment Rec'vd Check # \_\_\_\_\_ Cash \_\_\_\_\_

Person to contact in case of Emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*\*In case of an emergency, I hereby give permission for the program representative to call 911 and have my child transported to a hospital.*

Parent / Guardian: \_\_\_\_\_

I further agree that I will not hold Murfreesboro Mustangs, the organizers, sponsors, supervisors, leaders & participants responsible for injuries or any unforeseen accident while participating in the above named activity. I will inform the chairperson of any medical or health factors which may occur or develop which could affect my child participation.

1. Are there any medical or health factors or limitations that might affect your child's performance in this activity? \_\_\_ yes \_\_\_ no Explain: \_\_\_\_\_

2. Is your child taking any medication that might affect his/her safety or performance in this activity? yes \_\_\_ no \_\_\_ Explain: \_\_\_\_\_

3. Does the participant require any special accommodation (due to disability)? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

I hereby state that my child is in good health and is able to participate in this program. I further acknowledge that I have read and fully understand the above-mentioned facts and that Murfreesboro Mustangs does not provide background check on volunteers. I certify that all answers, to the best of my knowledge are true & correct.

Signature: \_\_\_\_\_  
Parent/ Guardian

Date: \_\_\_\_\_

