

# Kangaroo High Jump Festival 2008

## REGISTRATION FORM

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

School/Club: \_\_\_\_\_

PB: \_\_\_\_\_

Mother and Father's name \_\_\_\_\_

**Address:**

Street : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Tel. # \_\_\_\_\_

Parent Work Tel: # \_\_\_\_\_

E-mail: \_\_\_\_\_

**WAIVER AND DISCLAIMER:** I know of no mental or physical problems which may affect me or my child's ability to safely participate in the High Jump Festival. Coaches and staff is authorized to attend to any health problem or injury to me or my child while attending the High Jump Festival. Neither I nor my child will hold Kangaroo High Jump Festival liable for any injuries or expenses while me or my child are at the Festival. I hereby authorize my child's participation in the Kangaroo High Jump Festival. I agree that photos or video taken at the Festival of me or my child may be used in media or promotional materials for the Kangaroo Track Club High Jump Festival. I understand that this is a USATF sanctioned competition and the video and pictures of the competition will be posted at the website ([www.kangaroohighjumpfestival.org](http://www.kangaroohighjumpfestival.org) & you tube) in order to promote this competition and the sport.

\_\_\_\_\_

Participant Signature

Parent signature (if participant is under 18 years old)    Date

**CONSENT FOR MEDICAL TREATMENT:** As the parent or legal guardian of a participant in the Club and its programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

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

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