



REP YO CITY REGISTRATION FORM

Athlete Information: Name: _____ Date of Birth (MM/DD/YYYY): _____

Camp/Competition Description: _____

Individual / Team / Both

Parent/Guardian Contact: Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact Info: Primary Emergency Contact (If same as above write "same") _____

Relationship: _____ Primary Emergency Phone: (if same as above write "same") _____

Please list additional Emergency Contacts:

Alternate Emergency Contact Name: _____ Phone Number: _____

Relationship: _____

Alternate Emergency Contact Name: _____ Phone Number: _____

Relationship: _____

Alternate Emergency Contact Name: _____ Phone Number: _____

Relationship: _____

Media Release

Terms of Agreement: I give permission for my child to be included in any media releases for Rep Yo City, Mile High Tumblers 5280, and/or ITX. Such use includes the display, distribution, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials. This includes but may not be limited to, printed materials such as brochures, newsletters, videos, and digital images.

Check if permission is give: Check if permission is denied:

Parent/Guardian signature: _____ Date: _____

Medical Information

Physician's Name: _____ Phone Number: _____

Insurance Co: _____ Policy Number: _____

Allergies / Special Health Considerations: _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child. I also waive my right to "Informed Consent" of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the event of an emergency.

Parent/Guardian signature: _____ Date: _____