

Speed Quickness Agility Registration

Athlete's Name _____ Athlete's Age at the start of camp _____

Grade for the 2021/22 school year _____ Athlete's sports _____

Street address _____

City/Town _____ Zip _____

Parent/Guardian: _____ Relationship _____ Cell/Home Phone _____

Email for Contact _____

Family Physician _____ Phone Number _____

Current Medications _____

Allergies _____

Past sports injuries _____

Emergency Contact # 1 _____ Relationship to athlete _____

Emergency Contact Phone _____

Emergency Contact #2 _____ Relationship to athlete _____

Emergency Contact Phone _____

Is there anything you want the camp staff to know? _____

I realize that participation in athletics, contact or non-contact, involves a risk of injury. Additionally, I acknowledge that my child is covered by my own medical insurance policy and should any injury occur while he or she is participating in camp, I will be responsible for any medical expenses. Knowing this, I give my child permission to participate in Strength Quickness Agility Summer Conditioning Camp.

In the event that I cannot be contacted, I give permission for a hospital or doctor to administer treatment to my child, in the case of emergency, while under supervision of my emergency contact or designated Strength Quickness Agility Summer Conditioning Camp personnel.

Guardian Signature _____ Date _____

Athletes are encouraged to register as soon as possible.

Return the completed registration to the Nurse's office at the MHS. If you are in sixth grade, you can return the form to Mrs. Facteau, Ms. Snow, Mr. Remillard, or Mr. Mitchell.

Registration forms may also be mailed to: AuSable Valley High School
c/o AVCS Booster Club
1490 Rt. 9N
Clintonville, NY 12924