



CDH SUMMER STRENGTH & CONDITIONING REGISTRATION

Name: \_\_\_\_\_ '11-'12 Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sports That I Participate In: \_\_\_\_\_

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

Parent(s)/ Guardian(s): \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (Relationship) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medications/ Allergies: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Member Number: \_\_\_\_\_

PERMISSIONS AND WAIVERS

I give my permission for \_\_\_\_\_ to Cretin- Derham Hall Summer Strength & Conditioning as s/he is healthy and under no physical restrictions. I/we know that participation may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify, and agree to hold harmless Camp Instructors, Cretin-Derham Hall, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of injury/ies to my/our child whether the result of negligence or for any other cause.

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

Date \_\_\_\_\_