



(For staff use only)  
Date: \_\_\_\_\_  
Class/ Team: \_\_\_\_\_

## 2020-2021 Coastal Athletic Training Registration/ Release Form

### Athlete Information:

Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ M/F: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Parent Information:

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Main E-mail: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

### Medical Information:

Please list any medical information, allergies, injuries, etc. :

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### Authorization and Release:

I authorize Coastal Athletic Training and its representatives to consent to medical treatment for my child when I cannot be reached for consent. No prior determination of life-threatening emergency of serious or permanent injury resulting from treatment need be made under this authorization. Exceptions to this authorization are as follows:

I am fully aware that any involving motion, height, or athletic activities creates the possibility of serious injury, and I further agree to hold Coastal Athletic Training and its staff and officers harmless for any injury or resulting expense(s). I release and further discharge all rights and claims against Coastal Athletic Training and its parties. Coastal Athletic Training strives to provide the maximum in safety procedures and guidelines, and cannot assume responsibility for any accidents, injury, or illness that may occur.

I authorize Coastal Athletic Training to use photographs, video and/or other likenesses of my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.

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