



Game Ready Fitness 2016 Registration

Athletes Name: _____ DOB: _____

Full Address: _____

Phone Number: _____ Parents Email Address: _____

Athletes Email Address: _____

Parents/Guardian Name: _____

Cell Phone Numbers: _____

Emergency Contact Name and Phone Number: _____

Dr's Name and Phone Number: _____

Care Card Number: _____

Minor Sports Association: _____

Position(s) Played: _____ # of Years: _____

Any Medical Concerns that we need to be aware of/sensitive to? YES NO

Please provide additional details if YES was circled: _____

Uniform Size: Shirt: _____ Shorts: _____

Game Ready Fitness may take pictures of your child for use in social media sharing: YES NO

Game Ready Fitness can use the provided cell phone numbers and email address for communication: YES NO

ALL of the above information will be kept confidential and will not be shared with outside sources.

Internal Use:

Payment Method: _____ Total: _____ Auto Charge: Y N

Credit Card Type: _____ CC #: _____ EXP: _____ SEC: _____

Cheque: _____ Cash: _____ Other: _____

RELEASE

In consideration of me and/or my child participation in this program, I recognize that there are inherent risks associated. I hereby agreed to release **Game Ready Fitness Ltd. Life Ready Foundation**, from all claims, liabilities, obligations and costs which I may have against **Game Ready Fitness** and **Life Ready Foundation** and their respective agents, servants and representatives, arising out of injury, loss or damage while I or my child participate in the program, whether or not arising from any negligence on the part of **Game Ready Fitness and Life Ready Foundation**, or their respective agents, servants and representatives.

Initial _____

CONSENT TO PARTICIPATE FOR INDIVIDUAL UNDER 19

I hereby give my consent for _____ to take part in the Game Ready Program and Life Ready Foundation Programs.

Initial _____

MEDICAL RELEASE

In the event that my child _____ is injured, ill or in need of medical attention and I am unable to be contacted, I authorize Game Ready Fitness, Life Ready Foundation or agents to seek medical attention and/or admit my child to hospital.

Initial _____

SPECIAL INSTRUCTIONS

Please provide any other special instruction that are staff should be aware of regarding your child:

Signature of Parent/Guardian

Date

(If under 19 years of age)