

# 2011 TROJAN POWER CLUB REGISTRATION

Grade: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Emergency Contact & Cell Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

Physical on File with Bantam and/or School:  Yes

## Parent Consent and Release

I hereby give my consent for my child to participate in the Trojan Power Club. All personnel associated with the program shall not be held liable for injury whatsoever my child may sustain in the activities thereof. I also certify that I know of no physical problems or conditions of my child which would impair participation in the program. In the event my child is injured, I authorize the coach or their representative to secure first aid and/or the services of any legally qualified physician or hospital, and I agree to assume all financial obligations connected therewith.

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please make checks payable to TROJAN POWER CLUB\*\*\***