



## **RED DEVIL POLE VAULT REGISTRATION**

**ATHLETE'S FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**ATHLETE'S AGE:** \_\_\_\_\_ **D.O.B (MM/DD/YYYY):** \_\_\_\_\_

**ATHLETE'S GENDER:** \_\_\_\_\_

**ATHLETE'S EMAIL:** \_\_\_\_\_

**ATHLETE'S USATF MEMBERSHIP #:** \_\_\_\_\_  
*(Must have a USATF Membership for insurance and competition)*

**ATHLETE'S STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PARENT/GUARDIAN CONTACT:** \_\_\_\_\_

**PARENT/GUARDIAN PHONE NUMBER:** \_\_\_\_\_

**PARENT/GUARDIAN EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE NUMBER:** \_\_\_\_\_

**ANY IMPORTANT INFORMATION TO BE SHARED ABOUT YOUR CHILD (i.e. allergies, medications, etc.):**

**I grant permission for my child to practice and compete under the instruction of the RED DEVIL POLE VAULT club, and understand that risk of injury and/or death can occur. I will not hold the RED DEVIL POLE VAULT (affiliates, coaches, or Hunterdon Central High School) in liability in the event that injury and/or death occurs. I also grant permission that emergency medical attention or transportation may be administered in the event that an injury occurs; and understand that RED DEVIL POLE VAULT (affiliates, coaches, or Hunterdon Central High School) will not be held responsible for any medical bills, transportation costs, or emergency related expenses.**

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

