

# Cornerstone Athletics Camp/Clinic Registration Form

*Please print clearly with black or blue ink. A separate form is required for each sibling.*

## **Participant Information**

Participant's Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2010 \_\_\_\_\_ Camp/Clinic Dates: \_\_\_\_\_

Which sports, if any, has the participant been previously involved in? \_\_\_\_\_

\_\_\_\_\_

Shirt Size (circle one) Youth: XS S M L XL Adult: XS S M L XL 2XL

## **Parent Information**

Parent/Guardian Names \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Ph# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Besides the parent(s) listed on this form, please list anyone else you authorize to pick up your child:

\_\_\_\_\_

**\*\*ALL INDIVIDUALS PICKING UP CHILDREN MUST PRESENT A PHOTO ID.\*\***

## **Health Information**

Physician's Name \_\_\_\_\_ Ph# \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

Drug allergies \_\_\_\_\_ Food allergies \_\_\_\_\_

Previous or current injuries \_\_\_\_\_

Other known medical conditions \_\_\_\_\_

Current medications and dosages \_\_\_\_\_

## **Parent/Guardian Permission**

I, (parent/guardian) \_\_\_\_\_ agree that (participant)  
\_\_\_\_\_ may participate in the Cornerstone  
Athletics Skills Camp/Clinic indicated above.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**\*\*Registration is NOT complete until copy of birth certificate, registration, liability and consent forms, and full payment are received.\*\***

**\*\*All payments are non-refundable.\*\***

*Please mail registration forms with check and any vouchers/gift certificates to:*

***Cornerstone Athletics, Inc.  
P.O. Box 560754  
Rockledge, FL 32956-0754  
321.446.8876***

**Office Use Only**

Date Rec'd: \_\_\_\_\_ Date Payment Rec'd: \_\_\_\_\_  
Amt Rec'd: \_\_\_\_\_ Cash Check # \_\_\_\_\_  
Liability Form: \_\_\_\_\_ Photography Form: \_\_\_\_\_  
Shirt Size: Youth XS S M L XL Adult XS S M L XL 2XL