



SOAR!
Sports Opportunities
& Active Recreation

MASTER REGISTRATION FORM

IMPORTANT: SOAR! must have a current Master Registration Form on file.

Please provide all requested information in the space provided on this Registration Form.

Participant's Name _____

Age _____ Birthdate _____

Address _____ City _____ Zip _____

Phone (____) _____ E-mail address for SOAR information _____

Parents/Guardian Name(s) _____

School/Work _____ Teacher/Supervisor _____

Emergency Contact (other than Parent) _____ Phone (____) _____

Physician's Name _____ Phone (____) _____

Work Phone(s): Mom(____) _____ Dad(____) _____ Guardian(____) _____

Nature of Special Need _____

Medical Conditions: Diabetes ____ Shunts ____ Braces ____ Canes ____ Walker ____ Glasses ____ Hearing Aid ____

Other _____ Wheelchair (type) _____

If using a wheelchair, is participant capable of transferring themselves? Yes ____ No ____

Allergies: (Specific) _____

Other: _____

MEDICATION: Type _____ Dosage _____

Comments: _____

Medical Insurance Company _____ Policy # _____

SOAR! must have this information in case of emergency. Please note if participant requires close supervision and why:

Inappropriate Activities: _____

Areas/goals for the instructor to work toward: _____

Release of information permission for SOAR!

To contact school/workshop staff concerning participant's needs: Yes ____ No ____

I do ____ do not ____ grant permission for this participant's picture to be used in publicity or brochures related to the SOAR! Program.

I do ____ do not ____ grant permission transportation for this participant as a part of weekly activities, special events or trips.

Note: It is the responsibility of the participant, parent or guardian to provide any updates to this form, in writing, to SOAR!

Date _____

Participant's Name _____

Signature _____

(Participant, parent or guardian signature please)

Please print name _____



Waiver of Liability and Medical Release Form

SOAR! Sports Opportunities & Active Recreation, L.L.C. is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. SOAR! continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians registering for the programs/activities listed above must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities. You are solely responsible for determining if you or your child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. Recreational programs/activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program/activity. Understandably, not all hazards and dangers can be foreseen or avoided.

Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that is impossible for SOAR! to assure injury-free activities.

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to my child/ward or me) as a result of participating in these programs/activities against SOAR! including its officials, agents, volunteers and employees (hereinafter collectively referred as SOAR!) I do hereby fully release and forever discharge SOAR! from any and all claims for injuries, damage, or loss they my minor/child/ward or I may have or which may accrue to me or my minor/ward and arising out of, connected with, or in any way associated with these programs/activities. I have read and fully understand the above important information, warning of risk, assumption of risk, and waiver and release of all claims.

SOAR! shall provide supervision to the best of its ability, however, it is expressly understood that it is impossible to avoid accidents or injuries occurring during sports-related activities and events. Therefore this waiver does expressly release SOAR!, its officers, employees, volunteers or third-party providers of services or activities from any and all claims regarding its supervisory role.

PLEASE DO NOT SIGN THIS AGREEMENT if any terms or wording of this MEDICAL AND LIABILITY RELEASE are confusing or unclear. If you have any questions or concerns about your unconditional release of liability against SOAR!, its officers, employees, volunteers, or third-party providers of services or activities, please consult with an attorney prior to signing your name. Otherwise, it is understood that the terms, conditions, releases, waivers, discharges contained herein are clearly understood and accepted by the responsible party.

Date _____

Participant's Name _____

Signature _____

(Participant, parent or guardian signature please)

Please print name _____