



Participant Registration Form

Please fill the form and waiver below to complete your child's registration.

Number of children being registered:

Child Name *

First Name

Last Name

Age *

Gender *

Select Class *

Has your child trained at BattleReady Bears before? *

If yes, how many years?

Health Card No. *

Medical Problems/ Allergies *

Child Name

First Name Last Name

Age

Gender

Select Class

Has your child trained at BattleReady Bears before?

If yes, how many years?

Health Card No.

Medical Problems/ Allergies

Child Name

First Name

Last Name

Age

Gender

Select Class

Has your child trained at BattleReady Bears before?

If yes, how many years?

Health Card No.

Medical Problems/ Allergies

Name *

First Name

Last Name

Relation To Child *

Mobile Phone *

Home Phone

Email *

example@example.com

Address *

Street Address

City

State / Province

Postal / Zip Code

Emergency Contact Name *

First Name

Last Name

Relation To Child *

Mobile Phone *

Home Phone

E-mail *

example@example.com

Address

Street Address

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named participant(s), I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent/Guardian Signature *

First Name Last Name

RISK OF INJURY RELEASE

The safety of the athletes is of prime importance and all attempts are made to manage the foreseeable risks as effectively as possible. However, the risk of injury exists in all athletic activities and may range from minor sprains and bruising to more serious injuries with lasting effects. I acknowledge and accept the risks involved and agree that these injuries result from the nature of the activity itself, and are not caused by the fault of Battle Ready, its volunteers, agents, etc. or Variety Village.

Parent/Guardian Signature *

First Name Last Name

PROMOTION CONSENT & MEDIA RELEASE

BattleReady Bears and their agents or representatives may film, audio tape, video tape, and/or photograph our students for the purpose of promotion and advertising on their social media, print, and online platforms. Please indicate your preference for your child/children below:

*

I hereby consent to my child/children (named above), being filmed, audio taped, video taped and/or photographed during the program by BattleReady Bears and their agents or representatives for the purpose of promotion and advertising on their social media and online platforms.

I do not consent to my child/children (named above). being filmed. audio taped. video taped

representatives for the purpose of promotion and advertising on their social media and online platforms.

Parent/Guardian Signature *

First Name Last Name

By signing and submitting this registraiton form, you understand and agree to all policies and releases outlined in this registration and waiver document.

Parent/Guardian Signature *

First Name Last Name

Date *



Month Day Year