

VILLAGE OF CHAMPIONS YOUTH NETWORK INC.

807 N. 63rd STREET PHILADELPHIA, PA 19151 (484) 469-0699 www.villageofchampions.org

Participant's Information

Name: _____

Age: _____ DOB: _____ T-Shirt Size _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: [] Male [] Female Race: _____ (Optional)

School: _____ Grade: _____

Participant's Home Phone: _____ Cell Phone Number: _____

Email: _____

CHECK ALL SPORTS AND ACTIVITIES OF INTEREST

BASKETBALL FLAG FOOTBALL TENNIS SOCCER CHESS BOXING BOWLING DEBATE
SCRABBLE HIKING SPORTS CAMP

Parent/Guardian Information

(1) Name: _____

Relationship: _____ Email: _____

Primary Number: _____

(2) Name: _____

Relationship: _____ Email: _____

Primary Number: _____

Emergency Information

(1) Name: _____

Relationship: _____ Contact No.: _____

(2) Name: _____

Relationship: _____ Contact No.: _____

Medical Information

In case of emergency, do you give VOC permission to arrange transportation for your child to a hospital or health facility? YES [] NO [] if yes, where: _____

Any medical conditions we should be aware of? _____

Allergies? _____ Dietary restrictions: _____

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Emergency clause

In the event I cannot be reached in an emergency, I hereby give permission to members and volunteers of Village Of Champions Youth Network Inc. to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.

Signature of responsible party: _____

Relationship: _____ Date: _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

NAME: _____ RELATIONSHIP _____ PHONE _____

Permission Consent Form/Waiver: My child or ward has permission to participate in the above activities and or sports and to be escorted, under proper adult supervision to all activities and participate in sports or activities associated with the event of which I have registered. I do not hold Village of Champions Youth Network Inc. and program staff responsible for any accident or illness that might occur while my child is involved in scheduled sports or activities. I request that the adult in charge seek or administer proper medical attention if necessary and all risks associated with the activity including, but not limited to falls, contact with other participants, heat or humidity and condition of fields, all such risks being known and appreciated by **VILLIAGE OF CHAMPIONS YOUTH NETWORK INC.** All sponsor agents, members, volunteers and anyone acting on their behalf for any and all claims of liability.

Please read the following agreement and sign below:

In connection with my child or ward's voluntary involvement in activities undertaken for, and with the participation and support of Village Of Champions Youth Network Inc., a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Village Of Champions Youth Network Inc., and its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my child or ward's person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Village Of Champions Youth Network Inc., and its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. Furthermore, I grant permission for photographs, video and quotations from my child or ward during his/her involvement to be used to further promote Village Of Champions Youth Network Inc.

Parent/Guardian print name: _____

Signature of Parent/Guardian: _____ Date: _____

Parent's E-mail Address: _____ Phone: _____

*****FOR OFFICAL USE ONLY*****

Paid amount \$ _____	Date paid: _____	Receipt #: _____	Staff Initial _____
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