



REGISTRATION FORM

Child/ Athlete's Name: _____ Date of Birth: _____

Parent/ Guardian's Name: _____

Address: _____

Contact Phone #(s): _____

Email Address: _____

Name of Camp Attending (Circle One): SPEED BASKETBALL FITNESS LACROSSE
FOOTBALL: (QBs & RECEIVERS)/ (LINEMEN)
RUGBY SWIMMING TENNIS VOLLEYBALL
"DARE TO BE GREAT LEADERSHIP"
OTHER: _____

Dates of Camp: _____

Location of Camp: _____

Cost of Camp: \$_____ Please make check payable to "Connecticut Speed School, LLC"

Please complete and mail the "Registration Form" and "Consent Form" with payment to Connecticut Speed School, 2 Country Club Close, Orange, CT 06477



WAIVER AND CONSENT FORM

I give my approval and consent to the participation of _____
(Child's Name)
in the Connecticut Speed School, LLC, hereinafter referred to as "School".

I am aware of the risks and hazards incidental to such participation and I certify that my child is physically fit to take part in all activities. I will not hold School authorities, School staff, or the School responsible in case of accident or injury as a result of my child's participation and hereby waive, release and forever discharge any and all claims for damages which may hereafter occur to my child against the Connecticut Speed School, LLC or their respective officers, agents, representatives, successors and/or assigns, for any or all damages which may be sustained or suffered by my child in connection with their association with or participation in the School as a result of my child's participation in the School. I, the parent or guardian, do hereby agree to the above waiver and release.

Permission is granted to use my child's photograph in future School literature and publicity. I pledge my child's compliance to any and all School rules and understand that my child could be dismissed from School for any conduct not in the best interests of the School and that no part of my child's registration fee will be refunded.

Consent To Treatment:

I hereby authorize any medical evaluation or treatment of my child that may be advised or recommended by the attending physician or Emergency Medical Personnel while at the Connecticut Speed School, LLC.

**Parent/ Guardian
Name (Please Print):** _____

Signature: _____

Please list any allergies and/ or medical problems, including those requiring maintenance of medication (i.e. Bee Stings, Diabetic, Asthma, Seizure Disorder). The purpose of this information is to ensure that medical personnel have timely and accurate information of any medical problem which may interfere with or alter treatment.

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