



The College of Saint Rose Plumeri League Registration

_____ *first letter of last name*

Session (s): 1 2 3 4
(Circle all that apply)

Participant Name: _____
Date of Birth: _____ Age as of program start date: _____ Male / Female
Grade in School: _____ Name of School: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian Name: _____
Phone #: _____ Email: _____
Allergic Reactions (i.e. bee stings): _____
Present Medication: _____
Participant's Insurance Company: _____
Policy Holder: _____
Policy Number: _____
Preferred Hospital: _____
Emergency Contact Name: _____
Emergency Phone #: _____ Cell Phone #: _____

MEDICAL and MEDIA RELEASE

The College of Saint Rose and the Athletic Department Release Statement:

I hereby release The College of Saint Rose and all members of the Saint Rose Program from any and all claims and liability of any kind of personal injury or property damage due to participation in this Program. I certify that my child is in good health and is able to participate in physical activities, including exercise. In the event of illness or injury, I grant the Saint Rose representatives the right to take appropriate action for my child's health and safety and to obtain any necessary medical assistance. I will be fully responsible for any and all medical expenses incurred by my child while attending the program. I, the undersigned for ourselves, our heirs, executors and administrators waive, release, and forever discharge The College of Saint Rose and all Summer Program staff, and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained during participation in program activities or while at the program; whether or not damages, injury, or loss is due to negligence.

I, the undersigned also grant the College of Saint Rose permission to use photographs and videos that include my child participating in program activities, and use them as documentation and promotional efforts to help further the mission of the College.

I have read and freely sign this agreement which shall take effect as a sealed instrument.

Parent/Guardian Signature and Date:

X _____ Date: _____