



## REGISTRATION CHECKLIST

**PARTICIPANT NAME:** \_\_\_\_\_

### REQUIRED ITEMS TO BE COMPLETED:

- Completed Registration Form**
  - Including Participant & Parent/Guardian Signature
  - Including valid and legible contact information
  
- Signed Inherent Risk Form**
  
- Completed & Signed Consent for Emergency Treatment Form**
  
- Signed Zero Tolerance Policy**
  
- Valid Proof of Participant Name & Age**
  - Birth Certificate
  - Passport
  - Government Issued ID
  - Medical Card (with name and birth date)
  - School Profile (with name and birth date)
  - Other: \_\_\_\_\_
  
- Registration Weight:** \_\_\_\_\_ lbs.
  
- Payment Received: Amount \$** \_\_\_\_\_
  - Payment Method: **CASH CHECK CARD OTHER**

*\*This checklist must be completed before participation will be allowed\**