



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**

- () Signed Social Media 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)
 - Previous Year Official Laminated Tackle Roster
 - Other: _____

- () Registration Weight: _____ lbs.**

- () Payment Received: Amount \$ _____**
 - Payment Method: **CASH** **CHECK** **CARD** **OTHER**

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