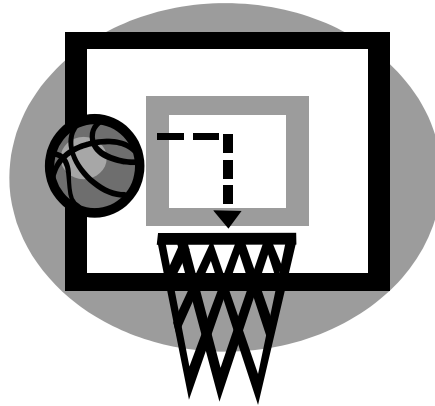


# ***BACK TO SCHOOL DRILLS & SKILLS***

## ***“SPORTS CLINIC & HEALTH FAIR”***

### ***Registration Form***

***August 2 - 7, 2010***



<b>Participants Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
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<b>Date of Birth</b>	<b>Current Age</b>	<b>F</b>	<b>M</b>
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<b>Address</b>	<b>City/State</b>	<b>Zip Code</b>
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<b>School Name</b>	<b>Grade (as of year 2010-11)</b>
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<b>T-shirt Size (circle size)</b>	<b>Youth</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>Adult</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>2X</b>
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<b>Parent/Guardian Name</b>	<b>Mother</b>	<b>Father</b>	<b>Gdn.</b>
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<b>Parent/Guardian Email Address</b>
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<b>Home Phone #</b>	<b>Cell Phone #</b>
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# **Waiver & Release of Liability Form**



In consideration of the events and facilities provided by the City of Columbia, its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned form any and all liability arising out of my child's participation in or travel to and from this event.

I am fully aware of the risk inherent to this event and should not allow my child(ren) to participate unless medically able. I assume all risks associated with this activity.

I agree that photographs, recordings or any other record may be used for the purpose of promoting programs operated or sponsored by the City of Columbia.

In case of accident or illness, I authorize a representative of the City of Columbia to obtain immediate care deem necessary by licensed medical personnel.

I also understand that the City of Columbia is not responsible for any property damage or loss that may occur during this competition.

I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

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**Parent/Guardian Name (Print)**

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**Parent/Guardian Signature**

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**Date**