



HS COMBINE SUPERSTARS COMPETITION

REGISTRATION FORM

Weight Class _____

Register Date: ___/___/___

Individual or Group/Team Name: _____ Contact name: _____

Contestant Information:

Contact Telephone #: _____

(Please Print)

Last Name: _____ First Name: _____

Age _____ Birth Date: ___/___/___ School Name: _____ Grade: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent Information:

Father's Name: _____

Email: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's Name: _____

Email: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Telephone #: _____

Please list child medical conditions staff should be aware of during the program (e.g., asthma, allergies, etc.): _____

Please Note:

Please dress in workout attire (e.g., shorts and tee shirt). Bring a comfortable pair of cross-training running shoes. Sessions may be conducted indoors and/or outdoors. Please dress accordingly.

Important: The activity will be heavily supervised by top notch professionals. Drink plenty of water during the day of training. Bring water bottle to training.

Medical Waiver Information:

I hereby grant permission for my child _____ to participate in contest, speed & conditioning activities (e.g., drills, plyometric training, maneuvers, etc.). In the event of injury or illness, I hereby grant permission for the Special Forces, WillPower, Mercury Speed personnel to handle any medical emergencies legally in the case that all emergency contacts can not be reached. Furthermore, I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of this minor. I agree to assume all risk incidentals to such participation, including transportation to and from all activities. I hereby waive, release, absolve, indemnify and agree to hold harmless Mercury Speed Unlimited Inc, Special Forces Unlimited, the Loudoun County School System, WillPower Sport and Wellness, WillPower employees, its officials, sponsors, supervisors, board members and persons managing my child.

Use of Photographic Images:

I hereby grant Special Forces Unlimited permission and the right to maintain and use my child's photographic and electronic images and names throughout the year in a professional and ethical manner with out pursuing additional fees and waiving any claims of liability as it relates to privacy.

Print – Parent/Guardian Name if under 18

Signature

Date

For Office Use Only:

- | | | |
|--|---|--|
| <input type="checkbox"/> Form rec'd: ___/___/___ | <input type="checkbox"/> Event start date _____ | <input type="checkbox"/> Location: _____ |
| <input type="checkbox"/> Rec'd check: # _____ | <input type="checkbox"/> # of Sessions: _____ | <input type="checkbox"/> Member _____ |
| <input type="checkbox"/> Amount rec'd: \$ _____ | <input type="checkbox"/> Cost/Event: \$ _____ | <input type="checkbox"/> Non-member _____ |
| <input type="checkbox"/> Rec'd by: _____ | <input type="checkbox"/> Group name: _____ | <input type="checkbox"/> # of Events attended: _____ |