



### Athlete Registration

Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male or Female

Phone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive our Performance E-Newsletter? Yes or No

### Parent or Guardian Information

Parent/Guardian Name: \_\_\_\_\_  
First Middle Initial Last

Parent/Guardian Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

School Name: \_\_\_\_\_

Sports Interests: \_\_\_\_\_

Teams affiliated: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Best Phone Number(s): \_\_\_\_\_ or \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Hospital Choice: \_\_\_\_\_

**Medical History**

Please list any medicine allergies, food allergies or reactions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you require Epi-Pen for allergic reactions? \_\_\_\_\_

Any orthopaedic injuries or surgeries in the past, if so please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other medical conditions (heart defect/condition, diabetes, ADHD, behavior issues, eating disorder, high blood pressure, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Pick up permission</b>
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The individuals listed below have permission to pick up my child from Raleigh Orthopaedic's Performance Center. ONLY the following individuals will be permitted to pick up your child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

I acknowledge that only the individuals listed above have my permission to pick up my child(ren) from Raleigh Orthopaedic Performance Center. I further acknowledge that ONLY I may update this form in person and NO changes are permitted by telephone. I agree to abide by all ruled of Raleigh Orthopaedic Performance Center. I waive all claims against Raleigh Orthopaedic Clinic and Raleigh Orthopaedic Performance Center for any issues relating from the activity. I agree that my photo/video or my child's photo/video may be used in the future Raleigh Orthopaedic Clinic or Raleigh Orthopaedic Performance Center's publicity.

\_\_\_\_\_  
Signature or Athlete (over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (under 18)

\_\_\_\_\_  
Date

**Participant release of liability and assumption of risk agreement**

**Read before signing**

Organization/Participant Name: \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assumes full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation it will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assignee, personal representatives and next of kin, HERE BY RELEASE INDEMNIFY, AND HOLD HARMLESS Raleigh Orthopaedic Clinic and Raleigh Orthopaedic Performance Center, Its officers, officials, agents and /or employees, other participants, sponsors, advertisers, and , if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent/ guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasee's from any and all liability incidents to my minor child's involvement or participations in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I hereby give permission, consent and authorization to Raleigh Orthopaedic Clinic & Raleigh Orthopaedic Performance Center and its employees and trainer-contractors to provide medical care to my child during their time at the facility. I also give permission for the physician designated by Raleigh Orthopaedic Clinic or Raleigh Orthopaedic Performance Center to treat my child for emergency medical issues while at Raleigh Orthopaedic Performance Center. In the event of hospitalization or acute emergency treatment, I give permission for the physician to treat my child in the event that I cannot be located immediately by telephone. Raleigh Orthopaedic Performance Center will make every effort to contact parents in case of emergency.

I hereby acknowledge that I have read and agree to the terms above.

Name of Athlete/Parent/Guardian: \_\_\_\_\_

Signature of Athlete/Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_