

## Bay Area Pole Vault Academy

Athlete's Name: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

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

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Parent's Email : \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact (if parent listed above cannot be reached)

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

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

Family Physician: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

**Medical Consent and Authorization for Treatment:** I hereby state that my child is in good normal health and has my permission to participate in all training activities. In addition, I hereby grant Glenn Colivas to act for me in securing medical treatment for my child in the event of an injury.

**Parental Consent/Statement of Disclaimer:** I, undersigned, hereby certify that I am the parent of the athlete. I grant permission for my son/daughter to attend training sessions with Glenn Colivas. I verify that my son/daughter has had a physical exam in the past year and is capable to participate in activities related to the training sessions. On behalf of myself and my heirs, I agree to indemnify, hold harmless and forever discharge Glenn Colivas, his family, and Bay Area Pole vault Academy for any and all liabilities, claims, and causes of action whatsoever, including but not limited to personal injury, loss or property damage.

Parent's Signature: \_\_\_\_\_

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