



INDIVIDUAL REGISTRATION FORM

*This form must be returned prior to program deadline.

Geneva area Recreational, Educational, Athletic Trust

Please complete the registration form in its entirety. Failure to do so may result in a delay in your registration. A deposit or payment in full is required to complete the registration. All items marked with an asterisk (*) are mandatory.

REGISTRATION

First Name*: _____ Last Name*: _____

Male Female Date of Birth*: _____ Grade*: _____

Address*: _____ City*: _____ State*: _____ Zip*: _____

Primary Phone*: _____ Secondary Phone*: _____

E-mail*: _____

T-Shirt Size (Check one): Youth: S M L Adult: S M L XL XXL

REGISTERING FOR: Program* _____ Cost* _____

Please use following format for program information: Sport, Session, Program, Age Group --- Example: Soccer, Winter I, Jr. Academy, U/10.

PAYMENT OPTIONS

*****Currently GaREAT accepts Cash, Checks or Money Orders only.*****

Please enclose a full non refundable payment or deposit with this application. Checks payable to: GaREAT -- P.O. Box 316, Geneva, Ohio 44041

Amount Enclosed: _____ Check One: Cash Money Order Check # _____

Signature: _____ Date: _____

Payment included with Team payment (Team Camp only)

WAIVER and RELEASE

*Please read the following sections carefully and then sign. If the registrant is a minor (under 18) a parent or guardian must sign.

ATHLETE CODE OF CONDUCT

I hereby agree to abide by the rules of conduct as set forth by the GaREAT Sports Complex and its staff. I agree to abstain from the use of alcoholic beverages, use of drugs and smoking of any kind, I further agree to abide by curfew regulations as established by the staff and not to absent myself from my group at any time. I fully understand my failure to abide by these and other regulations could result in my being expelled from the camp and sent home. I agree I will not be entitled to any monetary refund for those days following my expulsion.

Signature Date

WAIVER OF LIABILITY INDEMNITY AGREEMENT AND ASSUMPTION OF RISK

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, and services of the GaREAT Sports Complex. (hereafter referred to as GaREAT) I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge and covenant not to sue GaREAT, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from negligence of GaREAT or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in GaREAT activities including, but not limited to, organized activities, classes, observation, and individual use of the facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to HOLD HARMLESS AND INDEMNIFY GaREAT from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of my involvement at GaREAT. I further agree to pay all costs and attorney's fees incurred by GaREAT in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that GaREAT is not responsible for injury or loss. (CONTINUED ON NEXT PAGE)



Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad an inclusive as is permitted, by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Ashtabula County, Ohio.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Ohio.

Signature

Date

ASSUMPTION OF RISKS

Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. GaREAT has facilities for and provides for activities such as weight lifting, walking, jogging and running, aerobic activities, basketball, volleyball, soccer and football. Some of these involve strenuous of strength using various muscle groups, some involve quick movements involving speed and change of direction, and other involve sustained physical activity, which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, bruises and sprains to 2) major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities at GaREAT. I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries, which may occur as a result of activities made possible by GaREAT. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgement of Understanding: I have read this assumption of risk and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify to complete assumption of the inherent risks of participation in or observing recreational activities at GaREAT to the greatest extent allowed by law in the State of Ohio.

Signature

Date

PLAYER PHOTOGRAPHY CONSENT

I acknowledge that my appearance in advertisements or promotions of any GaREAT Program constitutes part of my Appearance services and that I shall not be entitled to any compensation for such.

I hereby release Network, its successors, assignees, licensees and affiliated entities from any and all claims and demands arising out of or in connection with the uses set forth herein, including, without limitation, any and all liability arising out of Network's taping and/or recording of me, my voice, image, likeness and use thereof, any and all claims for invasion of privacy, infringement of my right of publicity, defamation (including libel and slander) and any other personal or property right, and I agree that I shall not now or in the future assert or maintain any such claim against Network, its successors, assignees, licensees or affiliated entities.

I will refrain from any offensive or distasteful remarks or conduct in the rendering of the Appearance hereunder and will conduct myself in a courteous and professional manner at all times during the rendering of the Appearance. I understand that Network has been induced to proceed with the production, distribution and exploitation of my Appearance in reliance on this agreement, but nothing herein shall obligate me to render the Appearance.

Signature

Date



MEDICAL TREATMENT AUTHORIZATION FORM

*This form must be returned prior to program deadline.

Geneva area Recreational, Educational, Athletic Trust

(To be completed by parent or legal guardian)

Individual Name: _____ Team Name (If Applicable): _____
 Address: _____ Male Female Date of Birth: _____
 City/State/Zip: _____ Social Security Number: _____

PARENT OR GUARDIAN

Name: _____ Primary Phone: _____
 Secondary Phone: _____ Relationship to Individual: _____

INSURANCE INFORMATION

Insurance Company Name: _____ Agreement Number: _____
 Address: _____ Policy Holder Name: _____
 Policy Number: _____ Relationship to Individual: _____

EMERGENCY PHONE NUMBERS

Relative/Neighbor: _____ Primary Phone: _____ Secondary Phone: _____
 Relative/Neighbor: _____ Primary Phone: _____ Secondary Phone: _____

MEDICAL HISTORY OF INDIVIDUAL

- | | | | |
|---|--|---|--|
| 1. Any current medical problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Had any major surgical operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Had any recent injury requiring medical attention? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Any allergies or adverse drug reactions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Currently taking any medication (or have taken med recently)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Had any major surgical operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had any severe head or neck injuries? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. Had any chronic illness (epilepsy, diabetes, heart disease, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please explain any yes answers _____

Date of Last Tetanus Immunization: _____ Name of Family Physician: _____

I acknowledge that this child is in good health and can participate in all activities without restriction (unless indicated above).

Signature _____ Date _____

PARENT OR GUARDIAN

In the event of any illness or injury to my child, I give the attending physician permission to administer treatment while continuing to contact the parent guardian or designated individual

Signature _____ Date _____