Hometown Huddle
Registration Form

Saturday, March 25th, 2017
9:00am - 10:30am | 8:30 Registration
University of Mary Hardin-Baylor Crusader Stadium
905 University Dr | Belton | 76513

Registration due by Wednesday, March 15th

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Child's Last Name	Your Child's First Name	Middle Initial
Your Child's Age	Your Child's Shirt Size (Youth S, M, L, XL)	☐ Male ☐ Female

EMERGENCY CONTACT INFORMATION

Name of Parent / Guardian	Relationship to Child
Address:	City / State / Zip
Home Phone	Work Phone
Cell Phone	Email Address

In the event of an emergency, would you like medical personnel to be aware of any medical condition your child may have that would assist them (such as asthma, diabetes, medications, allergies to medication, etc.)?   ☐ NO   ☐ YES (Explain below)

_____

_____

ACKNOWLEDGMENT AND RELEASE AGGREEMENT

I hereby enter into this Agreement with the United Way of Central Texas and its Hometown Huddle co-organizers (Titan Total Training, University of Mary Hardin-Baylor Student United Way, and University of Mary Hardin-Baylor) for my above named child's participation in "Hometown Huddle" program activities. I hereby release and forever discharge United Way of Central Texas and its Hometown Huddle co-organizers (Titan Total Training, University of Mary Hardin-Baylor Student United Way, and University of Mary Hardin-Baylor), their officers, employees, and agents, from any and all claims, demands, causes of action, or suits arising from any injury to my person or property as a result of my participation in the Hometown Huddle program activities, including but not limited to injuries or damages arising from the use of equipment provided by United Way of Central Texas and its Hometown Huddle co-organizers (Titan Total Training, University of Mary Hardin-Baylor Student United Way, and University of Mary Hardin-Baylor). I further agree to indemnify and hold harmless United Way of Central Texas and its Hometown Huddle co-organizers (Titan Total Training, University of Mary Hardin-Baylor Student United Way, and University of Mary Hardin-Baylor), their officers, employees, and agents, from any cost, expense, or liability arising from a claim asserted by me or on my behalf which is released by this Agreement. This release is binding on me and upon my heirs, personal representatives, and assigns.

I understand that my child may participate in sports and other recreational activities and that these events/activities are potentially hazardous. If I participate, then I assume and accept any and all risks of injury or death. This release of liability includes, but is not limited to, claims based on the negligence of United Way of Central Texas and its Hometown Huddle co-organizers (Titan Total Training, University of Mary Hardin-Baylor Student United Way, and University of Mary Hardin-Baylor), their officers, employees, and agents.

I hereby give permission for my child to be photographed during the Hometown Huddle Field Day. I understand the photos will be used for promotional purposes including flyers, brochures, newspaper, and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of United Way of Central Texas and its affiliates. I understand that all scheduled events are subject to change with or without notice to me.

In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). As Parent and/or Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named child. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to the United Way of Central Texas and its Hometown Huddle co-organizers (Titan Total Training, University of Mary Hardin-Baylor Student United Way, University of Mary Hardin-Baylor, and event volunteers) to provide the needed emergency treatment prior to the child's admission to the medical facility. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

PARENT OR LEGAL GUARDIAN: As the parent or legal guardian of the child named above, who is under the age of 18, I have read this Agreement carefully before signing it. I accept this Agreement on behalf of myself and my child. I understand this Agreement is a binding contract which waives and releases legal rights which I might otherwise have.

_____   _____   _____
Print Name   Signature   Date