

**THE RL CHALLENGE INDIVIDUAL TRAINING SESSION**



**Check All That Apply:**

- Individual Session
- 7 Day Challenge

**REGISTRATION FORM**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_

Email \_\_\_\_\_

**PARENTS NAME**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Email \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Email \_\_\_\_\_

Alternate  
Emergency  
Contact

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### DOCTORS INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Current  
Medication(s) \_\_\_\_\_

Any Medical  
Limitations or  
Problems \_\_\_\_\_

***Insurance is not provided for this voluntary basketball activity.  
Parents or guardians are expected to provide their own insurance.***

Name of  
Insurance  
Provider \_\_\_\_\_

Policy # (If  
Applicable) \_\_\_\_\_

In case of an emergency, my child should be taken to the hospital (circle one): Yes or No

### Universal Permission and Medical Release Statement

In consideration of my child or ward participating in The RL Challenge individual training session, Inc. ("TheRLChallenge") basketball program and with full knowledge of the risks of injury, such as sprains, fractures, paralysis, or even death, I, for myself, my spouse, my child or ward, and my and their heirs, administrators, successors, and assigns, hereby authorize The RL Challenge coaches, assistant coaches, officers, directors and volunteers, along with tournament sponsors, directors, officials and volunteers, to administer emergency medical treatment to my child or ward for any injury or other medical emergency while at practice, at a game, at a

tournament or while traveling to or from any of these events. This permission and consent extends the right to the those enumerated above to arrange for medical treatment by a licensed or certified physician and/or other medical personnel, and for them to apply such emergency techniques which, in their judgement, they deem appropriate to treat an injury or illness sustained by my child or ward.

**Release of Claims**

On behalf of myself, my spouse, my above-named child or ward, and my and their heirs, administration, successors, and assigns, I hereby waive, release, and discharge The RL Challenge and its insurers, predecessors, successors, assigns, officers, directors, employees, attorneys, agents, coaches, volunteers, members and participants from any and all claims, obligations and liabilities that may presently exist or that may exist in the future arising, from any injuries to the person or property of my above-named child or ward that resulted from or related to or that in the future may result from or relate to, his/her participation in any RL Challenge activity including, but not limited to, his/her participation in The RL Challenge sponsored games, clinics, practices, his/her travel in connection with such activities, and the administration of emergency medical care as authorized in this document. I further verify that my child or ward is physically fit to enter this basketball program. I have read and fully understand the above statements.

Authorized  
Parent/Guardian  
Name (Print)

\_\_\_\_\_

Authorized  
Parent/Guardian  
Signature

X

\_\_\_\_\_

Mail Form To: 32 N. Sunrise Ave. Apt. 1 Le Center, MN 56057