



Specialized Skill Training Registration



Name: _____ DOB: _____

School: _____ Age: _____ Grade: _____

Position: _____ # of yrs at Club: _____ # of yrs at Metro: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent Email: _____

Athlete Email: _____

Circle Session Attending: Aug. 28 Sept. 11 Sept. 18 Sept. 25

Method of payment: Please make checks payable to Memphis Metro and include payment with registration form. If paying by credit card, please contact Liz Daniel at 901-340-0171

Please mail registration form and payment to: PO Box 2287 Cordova, TN 38088

Medical Release:

Participant's Name: _____

1. List any medical conditions that the camp staff should be aware of: _____

2. List any medications currently taking: _____

3. List any allergies: _____

In case of an emergency please contact:

Name: _____ Cell: _____ Work or Home: _____

Medical Insurance & Phone #: _____ Insurance Policy #: _____

I, (parent or guardian) authorize the coach staff of Memphis Metro to secure any and all medical treatment in the event that I can not be contacted. I further authorize any attending physician to render any and all medical care which he/she may deem necessary. I realize Memphis Metro JVC and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury or lose suffered by my child in connection with participation in the Memphis Metro Summer Camp. I (parent or guardian), also certify that my child is physically fit to attend and participate in this camp.

Signature (parent or guardian) Date