

Memphis Metro JVC, Inc. 2009 Clinic Registration Form

Name _____ Phone _____
Address _____
City/State/Zip _____
School _____ Age _____ 2009 Grade _____
Parent's Name _____ Home Phone _____

Fill In the following info if NOT Metro player:

Playing Experience (circle) Beginner Church League School Team
JO Club _____ Years Club Name _____

I am registering for Beginners Intermediate Elite Clinic

I am registering for the clinic on Oct 4 Oct 11 Oct 17
 Oct 18 Oct 24

Complete both parts of this form and make the check payable to Memphis Metro JVC.
Memphis Metro JVC, POB 2287, Cordova, TN 38088

Please call with any questions Katie Hybnerova 901-515-7040
Email: memphismetro.marketing@gmail.com

Emergency Medical Treatment Authorization

Name of the Player: _____ DOB: _____
Past Health History: _____ Past Injuries _____
Present Health _____ Medications _____
Drug Sensitivities _____ Other Allergies _____
Insurance Company _____ Policy Number _____
Policy Holder _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the Memphis Metro JVC 2008 Clinic. I hereby release Memphis Metro JVC, Inc., coaches and all employees from all claims on account of any loss, injuries and damages which may be sustained by my child while attending the 2008 Memphis Metro JVC Clinics. I give my permission for medical personnel to administer first aid and adequate medical care in the event of any injury or illness. I agree to assume cost related to such treatment.

Name: _____ Signature: _____

Date: _____

Emergency Contact

Name _____ Relationship _____

Telephone home _____ Dad cell _____ Mom cell _____

e-mail _____