

Registration Information:

Player Name: \_\_\_\_\_ Position(s) \_\_\_\_\_ Club Team: \_\_\_\_\_  
T-shirt Size: \_\_\_\_\_ School: \_\_\_\_\_ Grade Entering Fall 2018: \_\_\_\_\_  
Roommate Request: (overnight only) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Parent/Guardian Name #1: \_\_\_\_\_ Email #1: \_\_\_\_\_  
Parent/Guardian Name #2: \_\_\_\_\_ Email #2: \_\_\_\_\_  
Parent Address: (if different from above) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Family Physician (name) \_\_\_\_\_ (Office Phone) \_\_\_\_\_  
Allergies \_\_\_\_\_  
Special Instructions \_\_\_\_\_

**Franklin College Parental Permission/Liability Waiver Form**

I/We grant permission for my/our son/daughter, \_\_\_\_\_, age \_\_\_\_\_ to participate in (*event name*) \_\_\_\_\_. I/We further certify that he/she is in good physical health for such participation as verified by a physician's examination administered during the past twelve months.

I/We agree to indemnify, save, and hold harmless Franklin College of Indiana (College), its Board of Trustees, officers, employees, and agents against any and all property losses and/or judgments rendered against the event.

I/We also agree to release, waive and discharge the College, its Board of Trustees, officers, employees, and agents from any and all liability to the undersigned, his/her, or their personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or property of, or resulting in the death of, the undersigned's child or ward arising out of or related in any way to the undersigned's child's or ward's participation in or presence at event.

I/We further grant permission for my/our son/daughter to be treated by a local physician or hospital emergency room personnel if necessary. Note: If this form is not notarized, verbal permission will be required before your son/daughter can be treated by a local physician or ER personnel.

Parent/Guardian Signature \_\_\_\_\_