



BARON'S SUMMER VAULT REGISTRATION FORM (ADULT)

NAME: _____ **GENDER:** _____

AGE: _____ **SCHOOL/TEAM** _____

OPENING HEIGHT: _____ **OPENING STANDARDS:** _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

As the adult athlete/competitor named above I acknowledge the fact that I'm physically able to participate in this activity. I also hereby release the meet officials and workers from all claims or illness that may be sustained and authorize the meet officials or Saint Mary's Hall medical personnel to select hospital facilities and physicians of their choice and authorize treatment in the event such treatment is necessary and I'm unable to give consent. I also understand that Baron's Summer Vault Meet Directors or workers and employees of Saint Mary's Hall will not be held responsible or liable for the loss or damage of any personal articles of any athlete or spectator at this event.

SIGNATURE OF MEET COMPETITOR: _____

DATE: _____

PAYMENT: CASH/CHECK **RCVD:** _____