



**BARON'S SUMMER VAULT REGISTRATION FORM (17 & UNDER)**

**NAME:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SCHOOL/TEAM** \_\_\_\_\_

**OPENING HEIGHT:** \_\_\_\_\_ **OPENING STANDARDS:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE NUMBER:** \_\_\_\_\_

I as a parent or guardian of the above named competitor hereby grant permission for my child to participate in the Baron's Summer Vault Meet on July 21st 2017 and acknowledge the fact that they are physically able to participate in this activity. We hereby release the meet officials and workers from all claims or illness that may be sustained by the above athlete and authorize the meet officials or Saint Mary's Hall medical personnel to select hospital facilities and physicians of their choice and authorize treatment of the above in the event such treatment is necessary. Baron's Summer Vault Meet Directors or worker's 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 of the event.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

PAYMENT: CASH/CHECK    RCVD: \_\_\_\_\_