



## **REGISTRATION CHECKLIST**

**PARTICIPANT NAME:** \_\_\_\_\_

### **REQUIRED ITEMS TO BE COMPLETED:**

- ( ) Completed Registration Form**
  - Including Participant & Parent/Guardian Signature
  - Including valid and legible contact information
- ( ) Signed Inherent Risk Form**
- ( ) Completed & Signed Consent for Emergency Treatment Form**
- ( ) Signed Zero Tolerance Policy**
- ( ) Valid Proof of Participant Name & Age**
  - Birth Certificate
  - Passport
  - Government Issued ID
  - Medical Card (with name and birth date)
  - School Profile (with name and birth date)
  - Other: \_\_\_\_\_
- ( ) Registration Weight: \_\_\_\_\_ lbs.**
- ( ) Payment Received: Amount \$ \_\_\_\_\_**
  - Payment Method:   **CASH   CHECK   CARD   OTHER**

***\*This checklist must be completed before participation will be allowed\****