



Cedar Rapids RoughRiders  
Futures Camp Registration Form  
July 31<sup>st</sup>-August 1<sup>st</sup> Richfield, MN

**Name**

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Current Team: \_\_\_\_\_ Position: \_\_\_\_\_

2009-10 Stats: G(GAA) \_\_\_\_\_ A(Save %) \_\_\_\_\_ PTS (Win/Loss) \_\_\_\_\_

2008-09 Stats: G(GAA) \_\_\_\_\_ A(Save %) \_\_\_\_\_ PTS (Win/Loss) \_\_\_\_\_

**Camp Cost: \$200**

Amount enclosed: \_\_\_\_\_  
(Checks Payable to Cedar Rapids RoughRiders)

Mail Registration to:

Cedar Rapids RoughRiders  
Attn: Travis Winter  
1100 Rockford Rd. SW  
Cedar Rapids, IA 52404  
Phone: (319) 247-0340

# Cedar Rapids RoughRiders

## Medical/Liability/Acknowledgement of Risk Waiver and Release of Liability Form

I/we, the parent(s)/guardian of: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
DOB: \_\_\_\_\_

Give permission for him/her to participate with the Cedar Rapids RoughRiders Futures Camp. I/We recognize that the game of hockey is a contact sport and involves the risk of injury. I/We also understand that it is my/our responsibility to outfit my/our son/daughter with the proper and adequate protective equipment. I/We verify that my/our son/daughter is physically fit to participate in all of the activities pertaining to this sport. My/Our son's/daughter's participation in these activities is purely voluntary and no one is forcing him/her to participate. I/We agree to assume responsibility for all risks and hazards related and incidental to participation, including, but not limited to, games, organized practices, scrimmages, and transportation to and from the facility related to the Cedar Rapids RoughRiders.

I/We waive, release, and agree to hold harmless and indemnify any and all coaches, managers, referee, and organizers of the Cedar Rapids RoughRiders program for any claim for any reason including negligence, arising from any personal injury, damage to property, and/or wrongful death.

I/We, authorize the Cedar Rapids RoughRiders, their coaching staff, trainers, referees, and organizational staff, together with medical, hospital, or emergency personnel to carry out and/or administer all treatment and diagnosis determined to be necessary. This shall include rendering of emergency care in situations where it is impractical or impossible to obtain additional consent. I/We either have appropriate insurance or, in its absence, agree to pay all costs of emergency and/or medical services as may be incurred on my/our behalf.

The authority hereby given shall remain in effect unless it is withdrawn in writing.

### Medical Information

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Prescribe Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian                      Date

\_\_\_\_\_  
Parent/Guardian                      Date