

ROGUE REGISTRATION

Student Name: _____ D.O.B. _____
Student Cell: _____ Home Phone: _____
Student Email Address: _____
Home Address: _____
City/State: _____ Zip Code: _____

Primary Parent/Guardian Name: _____
Primary P/G Email: _____
Primary P/G Phone: _____
Relationship to Student: _____
Secondary Parent/Guardian Name: _____
Secondary P/G Email: _____
Secondary P/G Phone: _____
Relationship to Student: _____

Please indicate which guardian/s you would like Rogue to communicate important information with:

- BOTH
 PRIMARY GUARDIAN
 SECONDARY GUARDIAN

I consent to Rogue and affiliates to taking photographs, video recordings/or sound recordings for educational and promotional purposes on flyer/posters, internet and other publications.

PARENT/GUARDIAN SIGNATURE

DATE

In case of emergency, please contact:

Name:	
Cell Phone #:	
Relationship to Athlete:	

I verify that the athlete is currently covered by medical insurance.

PARENT/GUARDIAN SIGNATURE

DATE

Insurance Provider: _____

Policy Number: _____

Preferred Hospital: _____

Childs Health Information

Allergies: _____

Regular Medications: _____

Special Health Problems: _____

Other Information: _____

I am not aware of any injury, illness or other health related issues that would restrict or limit my child's ability to participate at Rogue Soul Project LLC.

I understand that, with all physical activity, participation in the Rogue Soul Project program, includes the risk of injury. I agree to assume all risks and expenses due to an injury that may occur as a result of my child's involvement in the Rogue Soul Project program, including auditions, competitive events, performances and travel to and from said activities.

I agree to hold Rogue Soul Project or anyone acting on its behalf either as a coach, assistant coach, or administrator harmless in the event of an injury to my child while participating under the supervision of the above.

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

PARENT/GUARDIAN SIGNATURE

DATE