

OSRC ANNUAL REGISTRATION FORM - ANNUAL FEE PER FAMILY \$45.00

Welcome to Ocean State Rock Climbing. Please fill this form out completely and return to the office. The annual registration fee is applied to the time involved in processing general registration, and participant insurance. Even if you are personally and fully insured, we must have 100% participation or the insurance company will terminate our policy. At Ocean State, safety is our primary concern. Unfortunately, as we all know, in an athletic related activity, accidents occasionally occur. Due to our strict enforcement of safety procedures in classes, we have had only minor injuries, most of which are related to upper level competitive team members. In the event that your child should have to be treated in a local emergency room, the attending physicians must have the information below. Our chief instructors are safety certified by the Boy Scouts of America which requires a strict format of safety procedures in our program.

I have been offered the use of a protective helmet. I understand that wearing a helmet does not eliminate the risk of injury but in some instances may reduce the risk of permanent injury or death. Initial here if you do not want to use a helmet

Date
Class Time
Class Day
First name
Last name

Participant's name _____	D.O.B. _____ Age _____
Street _____	How did you hear about us? _____
City _____ St _____ Zip _____	Class day registering for _____
	Class Time _____
Mother's name _____	Father's name _____
Street _____	Street _____
City, St. Zip _____	City, St. Zip _____
Phone _____ Cell Phone _____	Phone _____ Cell Phone _____
Pager _____ Email _____	Pager _____ Email _____

3rd choice to notify in case of emergency: Name _____ Phone _____

Participants Physician _____ Insurance coverage _____

Policy# _____ Any outstanding history or conditions _____

Daily medications? _____ Allergies _____ Last tetanus shot _____

I _____, authorize emergency medical treatment for _____

(Parent or Guardian) (Child)

if he/she should be injured while participating in gymnastics. I understand that an effort will be made to contact me prior to treatment. If I cannot be reached, or the second choice person cannot be reached, I give my permission to the hospital and the attending physicians to render emergency care. I also understand that the hospital will continue to attempt to reach me or a designated guardian until one of us has been contacted.

Date _____ Signature of Parent or Guardian _____

Club Waiver and Release

I fully understand that the Ocean State Rock Climbing staff members are not physicians or medical practitioners of any kind. With that in mind I hereby release the Ocean State Rock Climbing staff to render temporary first aid to my child or children in the event of injury or illness, and if deemed necessary by the Ocean State School of Gymnastics staff, to call 911 and seek medical help, including transportation of said child to any health care facility or hospital deemed appropriate by emergency personnell in attendance or at the direction of the parent or guardian on the premises.

Parent or Guardian Signature _____ Date _____

We, the staff of the Ocean State Rock Climbing recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of climbing. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Climbing can be dangerous and can lead to injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. The Ocean State Rock Climbing, its coaches, other staff members, and officers of the corporation will not accept responsibility for injuries sustained by any student during the course of climbing instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks involved, I consent to have my child or children participate in the program offered by Ocean State Rock Climbing. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child or children have against the Ocean State Rock Climbing and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Ocean State Rock Climbing will only warn the child through "safety messages" and our teaching style and progressions.

Parent or Guardian Signature _____ Date _____

I have read the above waiver and release and understand it completely. Parent or Guardian Signature _____

For office use only: Belay class date _____ Passed test _____ Didn't pass _____ Instructors initials _____