



SPORTS MEDICINE

PERSONAL BEST INJURY PREVENTION PROGRAMS REGISTRATION FORM

Name: _____ Male ____ Female ____ Age: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

School: _____ Grade Entering in Fall: _____

T-Shirt size: _____ Program Registering For: _____

For and in consideration of the opportunity to participate in the Nationwide Children's Sports Medicine Personal Best Injury Prevention Programs, I/we the undersigned, discharge and covenant to hold harmless the Nationwide Children's Hospital, Inc., Nationwide Children's Hospital Sports Medicine, their employees, agents, affiliates and assigns from any and all actions, causes of actions, claims, demands, costs, loss of service, expenses and compensation on account of, or in any way growing out of, any and all personal injury or property damage which may occur as a result of participation in the aforementioned program.

I/we grant Nationwide Children's Hospital Sports Medicine permission to transport the participant to an emergency room for treatment if necessary. Additionally, I/we give permission to Nationwide Children's Hospital, Inc., and Nationwide Children's Hospital Sports Medicine to publish/print/display pictures of my child involved in the Personal Best Injury Prevention Programs. These pictures can be used on any printed matter promoting the Nationwide Children's Sports Medicine Personal Best Injury Prevention Programs. I/we also agree that there is no compensation expected by or due to myself/us or the child aforementioned.

Parent signature: _____ Date: _____

Parent printed name: _____

Phone numbers: Home: _____

Work: _____

Cell: _____

**** PLEASE PRINT A COPY OF THIS REGISTRATION FORM,
SIGN IT AND BRING IT WITH YOU TO THE FIRST SESSION.**

Questions? Call (614) 355-6000