



## Bearball® Clinic Registration Form

Bearball: "A civilized hunt. . .remembering more primitive times when the hunter became the hunted."

**Clinic Registration Fee - \$115.00**      **Each participant will receive a T-shirt and Bearball® rule book.**

Make checks payable to Cave Bear, LLC. Registration form must be accompanied with payment.

Bearball® Clinic Dates: \_\_\_\_\_ to \_\_\_\_\_      Age at date clinic begins: \_\_\_\_\_

Clinic Hours are Monday through Friday 8:30 a.m. to 11:30 a.m.

Participants need to wear loose sports clothing, comfortable athletic shoes, and bring a bottle of water.

### Clinic Division Choice

#### Junior

  
  

**Class 1: Ages 6 through 8**  
**Class 2: Ages 9 through 11**

#### Senior

  

**Class 4: Ages 12 through 14**

#### Silver-tip

**Class 6: Ages 19 and over**

### Player Information - Please Print Legibly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Is participate a Returning Player?    No    Yes   Name of last Bearball® Clan: \_\_\_\_\_

### Parent/Guardian Emergency Contact Information (If player under 18)

Parent/Guardian 1 (Full Name) \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Parent/Guardian 2 (Full Name) \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2 \_\_\_\_\_

### Medical Information

Physician/Family Doctor: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medical History (Allergies, Medications, Special Conditions):  
\_\_\_\_\_

#### Important Note:

If the player is under medical care or is on prescription medication that may affect his/her abilities in participation, please provide a note from a Physician allowing their participation.

**Continued on Reverse**



## Parent Permission Agreement

MEDICATION AUTHORIZATION: Grant of Consent. I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital. Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

LIABILITY WAIVER: As the parent or legal guardian of the above named minor, I grant permission for the minor to participate in all activities of sports program. I assume all risk and hazards incident to such participation, including transportation to and from such activities. I do hereby release and waive all claims against Ursidae Enterprises, Sponsors, volunteers, and other participants.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Image Release Agreement

In consideration of my minor child/ward (insert child's name) \_\_\_\_\_ being allowed to participate in any way in Bearball® International Sport Organization, the undersigned agrees that Bearball International Sports Organization and Ursidae Enterprises is hereby granted the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, of my child which he/she may be included intact or in part for promotion or other commercial use.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Method of Payment:  Cash  Check # \_\_\_\_\_  Money Order  Visa  MasterCard

Card #	Expiration Date: /
Signature	

Send completed registration form along with payment to:

**Cave Bear, LLC Use Only**

Date Received:
