*The Jordan McNair Foundation*

*2023 Sports Clinic Registration Form (Morgan State University)*

*Saturday, June 17, 2023 (8:00 am – 11:30 am)*

*(PLEASE PRINT CLEARLY – AFTER COMPLETION, SCAN & EMAIL*

*ALL FORMS TO: TJMF7079@gmail.com*

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Last) (First) (Middle Initial)**

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

*(****Street, Town/City Zip Code)***

**Date of Birth \_\_**\_/\_\_\_\_/\_\_\_\_\_ **Gender**: \_\_\_\_\_\_\_ Female \_\_\_\_\_\_ Male **Age:**\_\_\_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_\_\_\_

(Month-Day-Year)

**Home Phone:** (\_\_\_) \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent cell phone: (\_**\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PARENT/GUARDIAN CONSENT FORM***

I, the parent or guardian of the above named child, hereby register him/her for participation in The Jordan McNair Foundation Health and Wellness Clinic. I fully agree to the rules and regulations of The Jordan McNair Foundation and do hereby release The Jordan McNair Foundation and its directors, representatives, employees, and volunteers from any liability. I the parent or guardian, release The Jordan McNair Foundation from all responsibilities from injuries of any nature incurred while participating in the Health and Wellness Clinic. I understand that my child will be supervised by a professional at all times and that medical insurance is my responsibility.

***EMERGENCY MEDICAL TREATMENT***

In the event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s Name) becomes ill or sustains an injury while in the care of or under the supervision of the coordinators and volunteers or other Jordan McNair Foundation representatives, permission is given to administer first aid for his/her relief. In case of an emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (if any)/Please write none if there aren’t any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of any medications currently taken: 1. 2. 3.

In case parent/guardian cannot be reached in an emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of parent/guardian (Please Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Signature

***PHOTOGRAPH/VIDEO/MEDIA RELEASE FORM***

I further grant to THE JORDAN MCNAIR FOUNDATION and their representatives the right to reproduce, use, exhibit, display, broadcast, distribute, and/or create derivative works of these images of my likeness, and any recordings of my voice obtained at the above location and date in any form of media now known or later developed. I fully acknowledge that THE JORDAN MCNAIR FOUNDATION will own all rights to these images and recordings. Waiver, Indemnity and Release I hereby irrevocably waive any right to inspect or approve the use of any images of my likeness and/or recordings of my voice obtained at the above location and date. I further waive any and all rights to these images and/or recordings and grant THE JORDAN MCNAIR FOUNDATION unlimited license and use of my likeness that is obtained at the above location and date. I also waive any right to royalties or any other compensation arising from or related to the use of these images, recordings, or materials. I hereby release, defend, indemnify and hold harmless THE JORDAN MCNAIR FOUNDATION from and against any and all claims, damages or liability arising from or related to the use of any images of my likeness and or recordings of my voice obtained at the above location and date, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, or use in composite form that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication or distribution. I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (if age 18 or older) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/ Guardian (if under age 18) Date

Registration Fee ($25) Paid Online? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_

**A Parent Safety Education Session will be held at 9 am. Will a Parent/Guardian attend?**

**Yes \_\_\_\_\_\_ No \_\_\_\_\_**