



*CSC Registration*

## COHASSET SPORTS COMPLEX

.....

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (in Sept.): \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Caregivers' names: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

**Cohasset Sports Complex** is taking measures to reduce the risk of the spread of the COVID-19 virus, in compliance with federal, state and local guidelines. We respectfully request that all of our patrons and guests take similar measures to avoid exposing other patrons and guests to the spread of the COVID-19 virus, including by wearing a mask as appropriate, limiting physical contact with others, and minimizing the time you spend inside our facilities as much as possible. If you have the COVID-19 virus or you have any symptoms of the COVID-19 virus, we respectfully request that you do not enter our facilities or the surrounding premises at this time. By entering our facilities and/or the surrounding premises, you acknowledge and understand that, despite our efforts to reduce the spread of the COVID-19 virus, you and those for whom you are a guardian have the potential to be exposed to others with the virus and/or to contract the virus as a result of your participation in activities on our premises, including merely entering our facilities where other persons have visited. To that end, you agree and understand that there are dangers inherent to being in a public setting caused by the COVID-19 pandemic, and you expressly understand that your participation in such activities, and even your presence in our facilities, may expose you to the risk of acquiring the COVID-19 virus. By entering our premises, you and those for whom you are a guardian hereby assume the risk of any exposure to the COVID-19 virus in our facilities and our surrounding premises, including but not limited to the risk of illness and death that has been associated with the COVID-19 virus, and you agree to waive and hold us harmless for any claims of injury, illness or death stemming from the COVID-19 pandemic.

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

**\* Summer Camp participants MUST provide a copy of their most recent physical exam and immunizations!\***



CSC Registration

RELEASE OF LIABILITY AND WAIVER FORM

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment to the above minor. I have not been given any guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

Player's Date of Birth: \_\_\_\_\_  
Month / Day / Year

Date of Tetanus Booster: \_\_\_\_\_ (listed as DTAP or Tdap on physical)  
Month / Day / Year

Known Allergies of this player, including allergies to medicine: \_\_\_\_\_

Any other medical problems that should be noted: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Person to notify if parent/guardian is unavailable: \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

Group/Policy Number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_