



**Junior Programs 2022
REGISTRATION & MEDICAL FORM**

Camp Date: _____
Price: _____
Attach Receipt to this form.

Please print clearly with blue or black ink. Please complete a separate form for each child.

Name:	Age:	Grade:
Gender:	Email:	Cell Phone:
Parents/Guardians Name(s):		
Address:		
City, State, Zip:		
Home Phone:	Work Phone:	Alternate Phone:
In case of emergency, and I cannot be reached, please contact (provide names and phone numbers):		
Please list any allergies (food, etc.), prescriptions that your child is currently taking, surgeries in the past 12 months, and/or any other special conditions that we should be made aware of:		
How did you hear about our Programs?		

Additional Medical Permission & Release Information:

Date of Last Tetanus Shot:	Results:
Medical Insurance Provider:	Policy#:
Physician/Pediatrician:	Phone:

EMERGENCY AUTHORIZATION – I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the Harlingen Country Club Camp Employees acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examinations and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. I also accept full financial responsibility for any and all medical expenses which are incurred with such emergency treatment. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Authorization Signature: _____ Date: _____

WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION – I the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involve risk of physical injury. In consideration for accepting the registration of the above name individual and permitting the voluntary participation of said individual in its program, I (for myself as well as my child, his heirs and assigns) hereby release, discharge, and hold harmless Harlingen Country Club and its employees, and other representatives or affiliates (including without limitation the organization participating through the game or event workers, officials, facilities, and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death and other damages that may result to said individual while participation in a Harlingen Country Club sponsored event, including any physical injury by negligence of any official while performing his/her duties during lessons, games or practices. I attest that my child is physically capable to participate in this event. However, should officials or representatives determine in their sole discretion that completion or participation in any activity or event would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the activity or officials. I give my permission for free use of my child's name and picture in broadcasts, telecast or written accounts of any activity, practice or participation in any Harlingen Country Club event.

Signature of Parent or Guardian _____ Date: _____

Please return registration form along with payment to:

Harlingen Country Club
Attn: Summer Sports Camps
5500 El Camino Real
Harlingen, Texas 78552