

- Participants under age 16 must have parent signatures.
- Two forms per person (1A & 1B) must be turned in at Registration.

STUDENT RELAY REGISTRATION FORM

Participant Name _____

FEE (Please Circle): MS Student (\$35) HS Student (\$35) Adult Participant (18+) (\$50)

Home Phone _____ **Cell phone** _____

Email (that is checked often) _____

Your Birthdate: _____ **Age:** ____ **How many years in Relay?** ____

T-Shirt Size (circle one): S M L XL 2XL

*****PARENTS/STUDENTS-** In case of emergency during the 24-Hour Relay, we must have an accurate number where your parent/guardian can be reached:

#1 _____ **#2** _____

MEDICAL INFORMATION

Name Parents/Guardians for students under 18 yrs.: _____

Medical Insurance: _____ **Policy #:** _____

Date of last tetanus: _____ **Allergies?** _____

Do you carry Medical Alert Info? _____ **If yes, explain:** _____

Please list anything else that our medical staff should know about your health: _____

STUDENTS/PARENTS/GUARDIANS—PLEASE READ AND SIGN:

I have read and understood the registration material and understand the rules and requirements of participation in the Saline Community 24-Hour Relay Challenge, including the requirement that each student team **MUST** have two Adult Chaperone/Coaches (over age 25)- who will stay with the team for the entire 24 hours and that each team must provide at least three adult volunteers to help staff various jobs throughout the Relay.

I have read the Relay Rules Agreement on page #1B. I agree that my student needs to follow these rules and that, if a violation occurs, I may be called at any time during the 24-Hour period to pick up my child.

In an emergency, or in case of illness or injury, I hereby give permission for my child to be examined and treated in the Medical tent, or, if deemed necessary, be transported to a physician's office or hospital.

Parent/Guardian Signature: _____

STUDENT Signature: _____