

CINCINNATI TRAILBLAZERS PHYSICAL EDUCATION
Registration for August 19, 2009- May 5, 2010 classes
Anderson Mercy Healthplex

Class Schedule: Wednesday: 1:00-2:00 grades 1-4 2:00-2:30 grades Pre-K-K (ages 4 and 5)

Thursday: 12:00-1:15 grades 5-12 1:30-2:30 grades 1-4

Class Fees: Grades 5-12 \$35
Grades 1-4 \$35

Grades Pre-K \$30

Student's Name: _____ Grade _____ Class/day/time _____ Fee _____

Student's Name: _____ Grade _____ Class/day/time _____ Fee _____

Student's Name: _____ Grade _____ Class/day/time _____ Fee _____

Student's Name: _____ Grade _____ Class/day/time _____ Fee _____

Father's Name: _____ Mother's Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Cell phone: _____

E-mail Address: _____

EMERGENCY INFORMATION

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: _____

NOTIFY IN CASE OF EMERGENCY: _____ PHONE: _____

Do you carry insurance for you child(ren) if yes, who is your insurance provider?

Is your child presently taking any medications: _____ If yes, please list the medication and reason why: _____

If you are planning on leaving while your child is attending classes, please leave a number where you can be reached. _____

PARTICIPATION WAIVER

Due to the physical demands of this basketball program I, _____, the parent of _____ understand that there is a risk of personal injury to my child by participating in this program and accept complete responsibility for my child's health and well being in this program. I also understand that no responsibility is assumed by the coach, or staff and will not hold them liable in the event of a personal injury.

Signed

Date

**Please send these forms with check made out to Trailblazer Booster Club Mail to Cincinnati Trailblazers Attn: PE
6492 Winding Way
Maineville, OH 45039**