



2019 Sports Medicine Workshop
Registration Form

Student Name: School:

Age: Sex: M F Date of Birth: T-Shirt Size: S M L XL

Address: City: State: Zip:

I attended last year and will only need an insert for my binder: YES NO

Please choose only one: I will be attending CPR Certification: YES NO
I will be attending rehab: YES NO

Student Contact Information

Phone: Grade: E-Mail:

Refund Policy: I understand that I cannot receive a refund within 30 days of the workshop unless I can find a substitute camper. Please allow 4-6 weeks for a refund after event dates. I also understand that by requesting a refund I am accepting a \$20 non-refundable administrative fee. In case of a returned check a \$35 fee will be assessed.

Special Assistance: Persons requiring special assistance should contact the Workshop Director at least two weeks prior to the start of the workshop. Please address any food allergies as well.

Medical Release & Wavier:

I, the undersigned and as the parent/guardian of (please print child's name) (student/minor) hereby agree that my child may participate in the Knoxville Orthopaedic Clinic Sports Medicine Workshop (KOC-SMW). I agree on behalf of the above named child to release, discharge, and hold harmless KOC-SMW its agents, servants, and employees from any and all claims, and to demands, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event. I also authorize in advance any necessary medical treatment required by the above named child while in attendance of this workshop. I acknowledge that I have notified the Workshop Director as to any special needs the above named child may require. I acknowledge that all workshop rules and regulations must be followed by the above named child or they may notify me to pick up the above named child from the workshop with no refund. I also give my permission for my child's photograph to appear in future workshop promotional material. I understand that KOC-SMW will not be responsible for any parking related issue that may occur on the Bearden High School Campus while my child attends this workshop.

Parent/Guardian Signature Date

Emergency Contact Information

Name: Relationship:

Home #: Work #: Cell #:



CONSENT TO PHOTOGRAPH AND AUTHORIZATION FOR USE OR DISCLOSURE

Participant Name _____

I hereby consent to be photographed and authorize the use or disclosure of such photograph(s) in local print, digital or broadcast news media and on websites, social media or printed marketing materials in association with Knoxville Orthopaedic Clinic's Sports Medicine Workshop.

The term "photograph" includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

I understand that I may be identified in any use of my image and realize that I will not be compensated in any way for the taking or use of my image.

I may rescind this authorization at any time before the image is used, but I must do so in writing.

I understand that I may refuse to sign this authorization and my refusal will not affect my ability to participate in the Sports Medicine Workshop.

**Signature of participant, parent or guardian
(parent or guardian signature required for minor)**

Date

This authorization expires one year from the above date.

***Please return completed registration form, payment of \$90 and photograph authorization to:**

**Knoxville Orthopaedic Clinic
Director of Sports Medicine Outreach
1422 Old Weisgarber Rd. Knoxville, TN. 37909**