

REGISTRATION PAGE

Registration Check List

_____ Complete Entry Form

_____ Complete the Emergency Information form for each contestant and send in with registration.
Coaches please retain a copy of this form to bring with you as you travel and participate at the competition.

_____ Print out and sign Consent and Release forms for every contestant

_____ Mail Payment and Consent forms to: **St. Andrew School, Box 231, Helena, MT 59624. Please put in the check's memo that it is for RC Challenge.**

Registration and Fees: \$60.00 per team postmarked by February 25, 2009.

To Register: Complete one form below for each team. Make copies as needed for addition teams.

1) Fill out one Consent and Release Form for each contestant.

2) Mail to the address given above, with a check for the appropriate amount, payable to: St. Andrew School with RC Challenge written in the memo. No team will be registered without payment, entry form, and Consent/Release forms completed in full.

3) Upon receipt of complete forms and payment, a confirmation letter will be sent to the Coach's e-mail address if provided or by post. Incomplete forms will not be registered.

With minor modifications this information has been copied with written permission from Portland's RC Challenge website. Portland's RC Challenge competition is the last weekend of January of every year and they would welcome Montana's RC Challenge teams to compete there as well.

Team Name: _____

Division _____

Youth Conduct Agreement

In consideration of being allowed to participate in this event, I hereby expressly assume all risks associated with participating in RC Challenge and related activities. I understand that I have a responsibility to abide by RC Challenge rules and instructions provided to endure the safety, security, well being, and respect of myself and others.

Although facilities, refreshments, and other assistance may be made available during this event, I am responsible for my own health and safety. I attest that I am physically fit and able to participate in the RC Challenge, and I agree to stop and ask for help if there arise any conditions that would make it difficult or unsafe to continue. I understand that the RC Challenge, its volunteers, and representatives will not be held liable if I fail to abide by these rules or instructions.

I have read, understand and agree to the terms of this agreement.

Participant's signature

Printed Name

Date

Parental Authorization and Release

Lack of parental consent to the terms of this authorization will render the student ineligible to participate.

I, the undersigned, am the parent or legal guardian of the Participant listed in the Youth Conduct Agreement above, and I hereby grant my consent and permission for this Participant, a minor, to participate in any and all activities offered by the RC Challenge; and to travel to and from the competition by private transportation in the company of parents or coaches, who cannot be held responsible for any accident or injury that may occur. I release St. Andrew School, its Board members, volunteers and its representatives, of all liability and claims of whatever kind and nature (including, but not limited to, injuries and death) arising out of or resulting from his or her participation in these activities.

I, as the parent or legal guardian of the Participant listed above, hereby consent to the use of my child's photograph and name as it appears in this registration, to be used in the promotion of RC Challenge material, including but not limited to brochures and news articles about the competition.

I hereby authorize (name of chaperone) _____ to secure any services her or she deems necessary for my child in the event of an accident or illness. I give permission for my child to be evaluated, diagnosed, treated, and medicate by licensed medical or nursing personnel in accordance with standard practice. I understand that St. Andrew School does not provide accident or health insurance coverage for my child, and I accept sole responsibility for the payment for those services.

I have read the foregoing Youth Conduct Agreement and this Parental Authorization and Release, and I hereby agree to its terms on behalf of myself and the Participant.

Parent's/Guardian's signature

Parent's/Guardian's Printed Name

Date

Street Address, City, State, Zip Code

Phone Number

Team Name _____

Division: 1
(circle one) Grades 5-6

2
Grades 7-8

Emergency Information

Participant Name: _____

Health Insurance Carrier: _____ Group: _____

Policy # _____ Policy Holder: _____

Allergies: _____

Medications: _____

Medical Conditions: _____

Special Needs: _____

Please list two alternative contacts in case we cannot reach you in the event of an emergency.

Name of contact

Relationship to Participant

Phone number

Name of contact

Relationship to Participant

Phone number

Coach: Copy both Conduct Agreement and this emergency Information form.

Keep the original copy.

Send one copy, along with the Team Entry Form to:

St. Andrew School, attn. Arlette Randash

Box 231, Helena, MT 59624

Questions? Call Arlette Randash: 406-431-0870

Or e-mail her at randash@bresnan.net