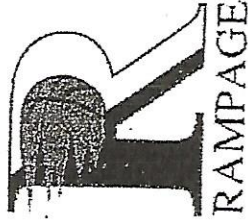


NORTHERN BORDER

Inhouse _____
-OR-
TRAVEL _____



_____ grade _____

NAME: _____ Male / Female _____ High School: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Emergency #: _____ Emergency Name/Relation: _____

Parent Email: _____ Player Height: _____ Player Weight: _____

As parent/guardian of the above mentioned player, I do hereby certify that my child is in good current health and may participate in all Rampage events. I authorize any coach of the Rampage to act on my behalf in attending to any medical needs during a Rampage event in my absence. The Rampage, or any coach, will not be responsible for any medical costs or bills incurred during Rampage activities. AAU membership insurance is a secondary insurance coverage that takes effect after the players primary medical coverage.

Parent / Guardian Signature

Insurance Policy Company

Policy Identification Number