



OCSA & VOYAGER-SPONSORED INDOOR SPORTS REGISTRATION FORM

This form must be completed prior to your child participating in the program.

Date: _____

Student's Name: _____ DOB: _____ Age/Grade: _____

Address: _____ City: _____ Zip: _____

Mother Name: _____ Phone: _____

Father Name: _____ Phone: _____

E-mail address: _____

Emergency Contact: _____

Emergency Contact Phone: _____ Relationship: _____

Shirt Size _____

Family Medical/Hospital Insurance information: _____

Carrier _____

Policy or Group # _____

Subscriber Name _____

Preferred Hospital _____

Known allergies and other medical concerns _____

I understand that this does not provide health or medical insurance on students. I further understand that I am responsible for payment of all health, medical and emergency care treatment provided for my child due to any accident, injury, illness death and/or unforeseen circumstances while participating in Voyager sports programs.

X _____

PARENT/GUARDIAN SIGNATURE

DATE