



---

## Individual Registration Form

**Participant Name (First Last):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Incoming Grade/Birth Year (ie. 7<sup>th</sup> 2010):** \_\_\_\_\_

**Medical Conditions or Concerns:** \_\_\_\_\_

**INSURANCE INFORMATION/PARTICIPATION WAIVER:** I hereby authorize the staff of the 2023 Wild West Cup to act according to their best judgment in any emergency requiring medical attention and I hereby waive and release the Wild West Cup from any and all liability for any injury or illness incurred while participating in the tournament/competition. I understand that violation of tournament/competition rules may result in dismissal from the tournament/competition with registration forfeited. My signature also indicates that medical permission has been secured to participate and I have insurance to cover any injuries or illness incurred during the tournament/competition.

IMPORTANT NOTE: ALL players must have health insurance to participate in the tournament/competition and insurance WILL NOT be available through the Wild West Cup.

**I will be covered by my personal or family accident and illness insurance:** Yes \_\_\_\_\_  
No \_\_\_\_\_

**Player Insurance Name and Policy Number:** \_\_\_\_\_

**Parent/Guardian Signature/Permission:** \_\_\_\_\_

**Participant and Parent Acknowledgment:** Failure to comply with tournament/competition expectations/rules may result in dismissal from the tournament/competition with registration forfeited.