COWLEY COUNTY COMMUNITY COLLEGE
**2008 SPEED DEVELOPMENT CLINIC**
**ENROLLMENT FORM**

June 9-12, 2006 8:30 AM-12:00 PM

NAME_____
Last First Middle

HOME ADDRESS_____
Street City ST Zip

HOME PHONE NUMBER ( )_____ WORK ( )_____

SCHOOL ATTENDING_____ I will be in _____ grade next year.

IN CASE OF EMERGENCY, PLEASE CONTACT:_____
HOME PHONE:_____ WORK PHONE:_____

T-SHIRT SIZE: (ADULT) _____S _____M _____L _____XL

## WAIVER

We, the undersigned parents or guardian of _____ a minor, do hereby authorize the director of the Cowley County Speed Development Clinic or his designee to select hospital facilities and/or physician of his choice and authorize treatment of above named participant on an emergency basis in the event such treatment becomes necessary as a result of the participation in Cowley County Speed Development Clinic. We hereby grant permission for our child to participate in the clinic and the fact that they are physically able to participate in the activities. I will be responsible for all medical bills incurred as a result of accidents for which medical treatment is necessary except those covered by my insurance. THE STAFF OF, OR COWLEY COUNTY COMMUNITY COLLEGE WILL NOT BE HELD RESPONSIBLE IN ANY WAY FOR ANY ACCIDENTS OR EXPENSE THAT OCCUR DURING THE ABOVE NAMED PARTICIPATION IN COWLEY COUNTY SPEED DEVELOPMENT CLINIC.

*** Please make sure that all information is complete ***

_____ _____
Signature, Parent or Guardian Date

## INSURANCE INFORMATION

I will be covered by personal or family insurance. My insurance company is:

_____ _____
INSURANCE COMPANY POLICY & GROUP ID NUMBERS

***Enrollment form and Insurance waiver must be completed, sent in with $75.00 and received by June 5, 2008 to insure being pre-registered.

Return Form and Fee Payment to: Mark Phillips (do not make checks payable to CCCC)
CCCC Athletics
125 S. 2nd St.
Arkansas City, KS 67005