



# Registration Form



Brought to you by:



For Office Use Only		
Date	Received By	Membership #

Your Cardinal Kids Club membership is good from 09/01/09 thru 07/31/10

<b>KIDS Club Member Name(s):</b>	<b>Age:</b>	<b>Grade Entering:</b>	<b>DOB:</b>	<b>T-Shirt Size:</b>
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____

Membership Fee: \$25

Each additional sibling can join for \$20 each      TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_ (Make checks payable to "SVSU.")

Payment by credit card: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Address of Cardinal KIDS Club Members:**

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Last Name: \_\_\_\_\_ (mother)      First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ (father)      First Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_      Alternate Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_      E-Mail: \_\_\_\_\_ \*

**Return registration form and check(s) in enclosed return envelope or send to : SVSU, Athletics Department • 7400 Bay Road • University Center, MI 48710**

MEDICAL RELEASE STATEMENT I hereby authorize the staff of SVSU to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release SVSU from any and all liability for any injuries or illness incurred while participating in Cardinal Kid's Club Activities. I have no knowledge of any medical problem or physical impairment that would be affected by the named Kid's Club member(s) participation as outlined in the brochure. The nearest medical facility is hereby authorized to render primary medical care to my child during their visit to Saginaw Valley State University.

PUBLICATION RELEASE STATEMENT I hereby attest that I am the legal parent or guardian of the child(ren) listed below and give my consent to Saginaw Valley State University to use pictures taken of my child in Web sites, brochures and other publications, and advertisements as they see fit. I agree to release Saginaw Valley State University from any and all liabilities and waive all claims against them. I understand and agree that I will not receive any compensation or other benefit if a photographic image of me and/or my child(ren) appears in any university marketing materials. This consent is effective until such time as I revoke it in writing and provide a copy of the revocation to Saginaw Valley State University.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Our main form of communication will be via electronic media – please provide e-mail address that is appropriate for receiving announcements about Cardinal KIDS Club Activities

\*Registrations received prior to September 19, 2009 will receive all membership benefits at the Cardinal Kids Club Kick-Off Event, September 19, 2009 Registrations received after September 19, 2009 please allow 2 - 4 weeks to be processed.