



## STUDENT REGISTRATION

HIGH SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

NAME \_\_\_\_\_ GRAD

YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

— CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP

CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

— CELL \_\_\_\_\_ HOME \_\_\_\_\_

— BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

— T-SHIRT SIZE: S M L XL 2XL





## PARENTAL CONSENT FORM

I hereby give permission for my child \_\_\_\_\_,  
to participate in Arclabs Welding Competition on  
\_\_/\_\_/\_\_.

### Arclabs, LLC, Liability Waiver

In the event of personal injury and/or personal property damage or loss, I agree to hold Arclabs, LLC, harmless and without fault in all instances and occurrences. I am of full understand that Arclabs, LLC, does not provide any accident, medical or personal liability insurance coverage to anyone on the premises. Any physical and/or medical examination which determines any issues that would hinder your ability to perform is the students' responsibility to disclose to Arclabs, LLC, before entering training.

I understand that accident, medical and personal liability insurance is available through private companies at my expense and that Arclabs, LLC, does not provide this additional expense. I understand I am required to contact, arrange and pay for my own insurance policy should I feel the need to obtain any of these types of coverage.

Student's Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_  
(required if student is under the age of 18)

Date: \_\_\_\_\_