

Cave Spring Historical Society, Inc.

Box 7, Cave Spring, Georgia 30124

Cave Spring Polar Plunge Registration Form

January 1, 2017

\$25 for the Plunge/T-shirt/Lunch
Jump at 2:00 p.m.

Contact: Sheila Carpenter, 706-409-0777
sheilajmc@msn.com

Name: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Emergency Information:

Who to call: _____ Relationship: _____

Cell Phone: () _____

Day Phone: (____) _____ Evening Phone: (____) _____

Insurance carrier: _____

Preferred Hospital: _____

T-Shirt size Adult: S ___ M ___ L ___ XL ___ 2X ___ Other ___ Youth: S ___ M ___ L ___ Towel(s): (30x60) ___

Get your **size choice in by December 19!**

I, the undersigned, hereby release and forever, discharge Cave Spring Historical Society, the City of Cave spring, the Rolater park Board and their respective officers, directors, employees, sponsors, agents, representative, successors, or assigns, severally and jointly, of and from any and all liability, claims, actions, and possible causes of action which may accrue to any of said parties from every and any loss, damage, and injury (including death) that may be sustained while participating in the Cave spring Polar Plunge, A signed application constitutes a contract to follow all rules and regulations. Failure to follow the rules and procedures may result in removal from this event.

Participant Signature: _____ **Date:** _____

Parent or guardian if under 18 _____ **Date:** _____

Amount enclosed \$ _____ Jump Fee \$25 (includes t-shirt and lunch)

Send check by mail, payable to the Cave Spring Historical Society for the CS Polar Plunge,
Or pay through **PayPal** at cavespringhistoricalsociety.com.

Below for Historical Society use only.

Amount Paid: _____ Date: _____

Check: _____ and Check #: _____, or Cash: _____

Received by: _____ Date: _____