

# 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: \_\_\_\_\_