BRAVO ALL-STARS REGISTRATION FORM

Child's Name	Birth Date
Age of Child as of August 31, 20	19
Home Address	Phone #
City, State, Zip	
Parent Email Address	
Mother's Name	
Father's Name	Cell #
Allergies	Medication
Any other medical conditions we explain	
EMERGENCY INFORMATION	
NameR	elationshipPhone #
MEDICAL INFORMATION	
Insurance Company	Policy #
above that involved in these programs is significant culture. AND MY Country Spouse, MySELF, MY SPOUSE, AND MY Country Spouse, MySELF, MY SPOUSE, AND MY Country Spouse, My Country Spouse, My Spouse, My Country Spouse, My C	te in activities at Bravo All-Stars Inc. The parent or legal guardian named guificant, including the potential for permanent disability and death, and nal discipline may reduce this risk, the risk of serious injury does exist AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, rom the negligence of the releases or others, and assume full responsibility are program's stated and customary terms and conditions for participation. If n my child's readiness for participation and or in the program itself, I will ng such to the attention of the nearest official immediately. In on behalf of my / our heirs, assigns, personal representatives and next of HEER INC, CAMPS, CLINICS, its OFFICERS, OFFICIALS, AGENTS, consoring agencies, sponsors, advertisers and if applicable owners and the ("releases"), with respect to any and all injury, disability, death or loss or yeight's involvement or participation in these programs. WHETHER THE RELEASES OR OTHERWISE, to the fullest extent permitted by the and on behalf of my / our heirs assigns, personal representatives and next of all the above releases from any and all liabilities incident to my involvement of ARISING FROM THEIR NEGLILENCE, to the fullest extent permitted (For Office use only)
Payment \$40:Payment Method:	
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