

MARYLAND ALLSTAR ATHLETICS, LLC REGISTRATION FORM

Class:		Date:	
ATHLETE/PARTICIPANT INFORMATION			
Last Name:		First:	Birth Date:
Street Address:		Home Phone:	Alt. Phone:
City:	State:	Zip Code:	School:
How did you hear about us?			
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Ad	<input type="checkbox"/> Other, please specify:
PRIMARY PARENT/GUARDIAN INFORMATION			
Name:		Relationship:	Home Phone :
Email Address:		Cell Phone:	
Name:		Relationship:	Home Phone:
Email Address:		Cell Phone:	
AGREEMENT			
<p>I authorize as parent(s)/guardian(s) of the athlete, Maryland Allstar Athletics, LLC, its owners, members, agents, officers, employees, affiliates and assigns (collectively "Maryland Allstars") to consent to medical treatment for my child when I cannot be reached. I am fully aware of the risk of serious bodily injury that can occur in gymnastics/tumbling and cheerleading including but not limited to: blisters, muscle strains, ligament sprains, joint and muscle soreness, abrasions, contusions, stress fractures, concussions, broken bones, spinal cord injuries involving paralysis, permanent disability and even death. I understand that Maryland Allstars takes the safety precautions necessary to reduce risk and cannot assume responsibility for any injuries or accidents that may occur. I further agree to hold Maryland Allstars harmless for any bodily injury, disability, illness, death, or resulting expense, arising out of my child's participation in any activities with Maryland Allstars whether or not caused by the negligence of Maryland Allstars. I hereby release and forever discharge and hold harmless Maryland Allstars from and I assume full responsibility for all liabilities, losses, costs, actions, claims, and damages. I give permission and grant to Maryland Allstars all right, title and interest for my child's photograph to be used for the promotional and advertising purposes of Maryland Allstars. I also agree not to use Maryland Allstars logo to create, sell or distribute any items pertaining to Maryland Allstars without expressed written consent. This authorization and release form is valid until otherwise revoked in writing by parent or guardian. <i>This Agreement shall be governed, enforced, performed and construed in accordance with the laws of the State of Maryland, without reference to principles of conflicts of law. If any dispute or controversy arises among the parties concerning any provision contained herein or the relationship between the parties, I hereby agree to the exclusive jurisdiction of the courts located in Carroll County, Maryland (or if jurisdiction exists, in the United States District Court for the District of Maryland, Northern Division). I HEREBY AGREE TO AND DO WAIVE A TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM BROUGHT BY EITHER OF THE PARTIES HERETO AGAINST THE OTHER ARISING OUT OF THIS AGREEMENT AND THE RELATIONSHIP BETWEEN THE PARTIES. I hereby agree to pay any and all attorneys' fees, expert witness fees and all costs incurred by Maryland Allstars arising out of, or in any way related to, this Agreement and the relationship between the parties.</i></p>			
<hr/> <i>Patient/Guardian Signature</i>		<hr/> <i>Date</i>	