



BRANDON ALL-STARS, INC. REGISTRATION FORM

****PLEASE WRITE LEGIBLY – THIS IS VERY IMPORTANT INFORMATION****

STUDENT NAME _____

DOB ____/____/____ **CONTACT EMAIL** _____

*If you would like to receive emails about upcoming camps, clinics, or tryouts

AGE _____

IN CASE OF EMERGENCY CONTACT INFORMATION *ONLY 1 REQUIRED*

1. NAME _____ **RELATIONSHIP** _____

CELL NUMBER () _____ - _____

2. NAME _____ **RELATIONSHIP** _____

CELL NUMBER () _____ - _____

3. NAME _____ **RELATIONSHIP** _____

CELL NUMBER () _____ - _____

**PLEASE LIST ALL INJURIES, ALLERGES, EMERGENCY PRECAUTIONS AND
EMERGENCY MEDICATIONS THAT WE SHOULD BE AWARE OF:**

INSURANCE INFORMATION (IF YOU HAVE NO INSURANCE OR ARE SELF INSURED PLEASE INDICATE SO)

INSURANCE CARRIER _____

CARDHOLDER NAME _____

POLICY NUMBER _____

**I HEREBY VERIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE.**

Parent/Guardian Signature _____ **Date:** _____

Student Signature *(only if 18 or older)* _____ **Date:** _____

PARTICIPANT AGREEMENT AND RELEASE

In consideration of the services of the Brandon All-Stars, Inc. its board members, coaches, owners, officers, employees, and all other persons or entities acting on its behalf, I hereby agree to release and discharge the Brandon All-Stars, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF "BRANDON ALL-STARS" USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THIS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND ALL RIGHTS OF OTHERS TO RECOVER FROM "BRANDON ALL-STARS" IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE A THE RIGHT TO REFUSE TO SIGN THIS FORM, AND "BRANDON ALL-STARS" HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Should the Brandon All-Stars or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no mental or physical conditions which could interfere with my safety in this activity, or else am willing to assume and bear the costs of all risks that may be related, directly or indirectly, by any such condition.

TUITION AND MAKE-UP POLICIES

Tuition is due on the 1st of every month. NO MAKE-UPS or REFUNDS are granted to individuals or a group clinic. No refunds will be given at any time should your child decide to leave Brandon All-Stars for any reason or if your child is asked to leave for disciplinary reasons; this includes but is not limited to all fees paid to Brandon All-Stars such as unattended competitions and or practice sessions as well as hotel rooms, bus rides, etc.

PLEASE MAKE ALL CHECKS PAYABLE TO BRANDON ALL-STARS.
Be sure to include your child's name and what it is for on the check memo line.

I, the undersigned, do hereby voluntarily submit my application for my child's attendance and participation with the Brandon All-Stars, Inc.

I do hereby assume full responsibility for all damages, injuries, and/or losses that my child my sustain or incur, if any, while participating, and I hereby waive all claims against Brandon All-Stars, Inc, all associated coaches and board members for any claims or injuries my child may sustain.

MEDIA RELEASE AND INSURANCE INFORMATION

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. Further, I understand others, with or without the consent of Brandon All-Stars, Inc., may use and/or reproduce such photographs and recordings. I hereby release Brandon All-Stars, Inc., and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers agents and employees from all claims of every kind on account of such use.

Student Name _____

Parent/Guardian Signature _____ **Date:** _____

Student Signature (only if 18 or older) _____ **Date:** _____