Registration and Medical Release

Athletes Information **Date:_____**

Participants Name:_____ DOB:_____

Participants Name:_____ DOB:_____

Address:_____
Street State Zip

Parent/Gaurdian Emergency Information

Mothers Name:_____ Fathers Name:_____

Home #:_____ Cell #:_____ Cell #:_____

Insurance

Insurance Carrier Name:_____ Policy #:_____

Insurance Carrier Info:_____
Phone Address City St Zip

Medical Information

Medical Conditions:_____

Medical Restrictions:_____

Medications Allergies:_____

I, _____, being 18 years of age or older, do for myself or on behalf of _____,my child participant, if said is a minor, do hereby release, forever discharge and agree to hold harmless Venom All Stars LLC, their owners, landlords, directors, coaches and any employees thereof from any and all liabilities, claims, or demands personal injury, sickness, or death as well as property damage and expenses of any nature whatsoever which may incurred while in the facilities or on any trips die to competitions or performances.

Furthermore, I fully understand the risks associated with the usage of any and all equipment, class participation and risks involved during performances and competitions. I (or on behalf of my minor child participant) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in classes, at performances and any all competitions. The undersigned further hereby agrees to hold Venom All Stars LLC. harmless, as a result of the negligent and willful or intentional acts of said participant, including expenses incurred attendant hereto.

I hereby grant permission to any licensed hospital and/or doctor to administer immediate Medical treatment as deemed necessary to my child should they be injured at any time during summer camp practice, competitions, trips, and all other events related to the team. I understand that I am responsible for payment of expenses incurred relating to my child's participation in these events. I understand that Venom All Stats LLC staff at all times provides the maximum safety procedures and guidelines, and therefore cannot assume responsibility from any accidents or injuries that may occur. I understand that there is a risk or personal injury associated with performing this type of activity and assume risk of such injury. I have read and understood this release and voluntarily sign this document and participate in this activity or allow my son/daughter to participate in this activity and hereby agree to this release.
Parent Name (Print)_____Parent Signature_____