

## STEP UP ATHLETIC SPEED \$ AGILITY REGISTRATION FORM

Players Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian's  
Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

My child has medical restrictions which their coach should be aware of. Yes \_\_\_\_\_ No \_\_\_\_\_

(Asthma, epilepsy, diabetes, etc.) If yes, please  
explain \_\_\_\_\_

### **INSURANCE WAIVER**

I have insurance that covers my child to participate in the Step Up Athletic Speed \$ Agility Training program. Insurance Company Name \_\_\_\_\_. If I do not have insurance for my child, nor do I wish to obtain insurance for my child, I know that it will be my full responsibility for any medical expenses incurred.

### **PARENTAL CONSENT AND WAIVER OF LIABILITY**

I consent to, and give permission for video's of training to be uploaded on our website. I also give permission for my child to participate in the Athletic Program. I have no knowledge of any physical impairment that would be affected by my child's participation in the basketball program. I further agree to waive all liability of the Step Up Athletic Speed \$ Agility Training Program, its representatives, employees, Managers, team coaches, School District and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the athletic program, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Athletic Program, its agents and specifically including any defects in the condition of the property of the Athletic Program or the condition of its maintenance. I consent (yes \_\_\_ or no \_\_\_) to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care. I agree to abide by the rules and regulations as set forth by the Athletic Program for my child's participation, and that each player will be responsible for him/her, insurance and equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and understand this agreement in its entirety.

I hereby give my consent for the above child to participate in the Step Up Athletic Speed & Agility Training Program.

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_