

# All Star Sports Academy

Central Iowa's Premier Indoor Baseball Facility

57006 241<sup>st</sup> Street  
Ames, Iowa 50010

Phone: (515) 232-2880  
Phone: (515) 956-3445

## All Star Sports Academy Membership Form

Name			
Address			
City/ST/Zip			
Phone		Age	
School			

### Membership Selection

With Full Use of Facilities, Except Pitching Machine Use		Full Use of Facilities Including Unlimited Pitching Machine Usage	
\$40	Monthly Individual Membership	Season Memberships that include Pitching Machine Pass	
\$150	Season Individual Membership	\$225	Season Individual w/Pitching Machine Membership
\$250	Season Family Membership	\$375	Season Family w/Pitching Machine Membership

### Method of Payment

	Check enclosed payable to All Star Sports Academy		Circle Credit Card Type
	Charge to Credit Card	CC Auth Code:	Mastercard or VISA
Credit Card Number			Expiration Date
Signature Authorizing Credit Card Charge:			

## MEDICAL INFORMATION AND RELEASE FORM

**Please read carefully before signing!**

Participant's Name \_\_\_\_\_ Ph. # \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent's Work or Other Ph.# \_\_\_\_\_

### Important Medical Information:

Emergency Contact  
(Other than parents) \_\_\_\_\_ Emergency Contact Ph. # \_\_\_\_\_

Is the participant taking medication? Yes or No \_\_\_\_\_ If yes, what is the medication? \_\_\_\_\_

How often is this medication taken? \_\_\_\_\_ What is the purpose of this medication? \_\_\_\_\_

Is the participant allergic to anything and what? \_\_\_\_\_

Are there any physical limitations, special circumstances or other information we should be aware of? \_\_\_\_\_

I, the undersigned, the parent or guardian of \_\_\_\_\_, a minor, do hereby approve my child's participation in All Star Sports Academy, L.L.C., and its sponsored activities. I hereby consent and acknowledge that my child will be subject to and shall assume the ordinary risks of such sponsored activities, including, but not limited to, baseball activities.

I further agree to hold harmless and release All Star Sports Academy, L.L.C., its employees, staff members, agent, contractors and anyone associated with any activities sponsored by All Star Sports Academy, L.L.C., from any and all liability arising from such activities. I further agree to hold harmless and indemnify All Star Sports Academy, L.L.C., from any and all demands, claims and suits arising from such activities, including all judgments, costs and expenses, including attorney fees.

You must sign below or, if under the age of 18 years, the parent or guardian of the participant must sign.  
I hereby certify I have read the foregoing and do hereby agree to abide and be bound by its terms, on behalf of my child, and on behalf of myself.

Parent's or Guardian's Signature

Child's Name

Date

**\*\*Each Player Must Have a Signed Release Before Using the Facility\*\***