

Each member or player must have a signed release before using All Star Sports Facility!!!

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