## SOUTHEND SKILLS ACADEMY 2013-2014 ATHLETIC REGISTRATION FORM

## **SECTION I: PLAYER INFORMATION**

Athlete Name	:							
(Last)		(First)	(MI)					
		Grade (2013-2014)	Date of Birth					
Address		City	Zip Code					
Mother's Nan	ne	Home Phone	Cell Phone					
Father's Name		Home Phone	Cell Phone					
Email Address	s #1	Email Address	s #2					
My son/daug	thter is covered by an insu	rance program.						
Name of Com	pany Providing Coverage							
Policy Numbe	r or Employee Number							
	SECTION III	: INJURY RISK/PARI	ENT PERMISSION					
o My child has permission to participate in <b>ALL</b> training/activity programs.								
o My child <b>DOES NOT</b> have permission to participate in the following trainings/sports (please list below)								

## LIABILITY RELEASE & PROMISE NOT TO SUE - PLEASE READ CAREFULLY

Athletic activities are inherently dangerous. Accidents can happen and risks of serious injury do exist. You agree on behalf of yourself, your son/daughter (and any personal representatives, heirs, executors, administrators, agents and assigns) to RELEASE and DISCHARGE Tim and Corrine Enterprises, LLC, dba Southend Skills Academy (herein "Southend Skills Academy"), its owner(s), coaches, officials, volunteers, parents, students, and all other Southend Skills Academy employees and agents (herein "Southend Skills Academy personnel") from any and all claims or causes of action (known or unknown) arising out of our negligence. This WAIVER and RELEASE of liability includes, without limitation, injuries which may occur as a result of (a) your use of any facilities or equipment which may malfunction or break, (b) our improper maintenance of any equipment or facilities, (c) our negligent instruction or supervision, (d) any slipping and falling on the premises, and (e) any collision or physical contact with any other person or object. You are WAIVING any right that you, or your son/daughter, may have to bring a legal action to assert a claim against us for our negligence. Your signature indicates that you have completed all of the information accurately, that you have been advised that there is a risk of injury that could occur during any sports activity, that you WAIVE the right to sue, and that, by signing this form, you give permission for your son/daughter to participate in the sports activity, and will hold the Southend Skills Academy personnel, HARMLESS for any and all costs, claims, awards, judgments, or attorney fees, or damages (herein "claims") arising out of or in any way resulting from or brought by voluntary participation in these sports activities. You further agree that you assume all risk of injury, contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property, to you or your son/daughter. You further agree to DEFEND Southend Skills Academy personnel against any such claims, including payment of all reasonable attorney's fees and costs whether incurred prior to, or as part of, any litigation. You also agree to pay for all medical care not covered by the above-noted insurance policy arising from a sports-related activity.

Please Read and Sign: I have read, understood, and accepted the conditions of the Liability Release & Promise Note to Sue, printed above.

PARENT/GIIARDIAN SIGNATURE	DATE