



GYM RATZ AAU PLAYER PROFILE



☐ Male ☐ Female Age _____ Current Grade _____

PLAYER NAME: _____

PLAYER EMAIL: _____

PLAYER CELL PHONE: _____

PLAYER HOME PHONE: _____

PARENT NAME (S): _____ / _____

PARENT E-MAIL: _____

PARENT CELL NUMBER: _____

EMERGENCY PHONE: _____

HEALTH CONCERNS: _____

I, BEING THE PARENT/LEGAL GUARDIAN OF THE ABOVE MENTIONED MINOR, DO HEREBY CERTIFY THAT HE/SHE IS IN GOOD HEALTH AND MAY PARTICIPATE IN ALL ACTIVITIES AND PROGRAMS APPLIED FOR WITH DOWNTOWN SPORTS. I HEREBY APPOINT THE DIRECTORS OF DOWNTOWN SPORTS TO ACT ON MY BEHALF IN AUTHORIZING MEDICAL ATTENTION IN THE CASE OF AN EMERGENCY, AND UNDERSTAND THAT DOWNTOWN SPORTS WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS DUE TO INJURY. WE THE UNDERSIGNED, AS A GUEST OR OTHER PERSON WHO IN ANY MANNER MAKES USE OF OR ACCEPTS THE USE OF ANY APPARATUS, FACILITY, PRIVILEGE OR SERVICE OF DOWNTOWN SPORTS, OR WHO ENGAGES IN ANY CONTEST, GAME FUNCTION, EXERCISE, COMPETITION, OR ANY OTHER ACTIVITY OPERATED, ORGANIZED, ARRANGED OR SPONSORED BY DOWNTOWN SPORTS EITHER ON OR OFF ANY OF THE DOWNTOWN SPORTS FACILITIES SHALL DO SO AT OUR OWN RISK AND SHALL HOLD THE OWNERS AND THEIR PRINCIPALS, DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES AND AGENTS HARMLESS FROM ANY AND ALL DUES, COST, CLAIM, INJURIES, DAMAGE AND LIABILITY, SUSTAINED AND /OR RESULTING FROM ANY ACT OF ANY PRINCIPALS, DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES OR AGENTS OF THE OWNERS.

SIGNATURE: _____

DATE: _____

GYM RATZ AAU CLUB
(201) 848-0017