



# Champion Sportsplex

## AGREEMENT



<b>NAME OF CHILD</b>		
FEE AMOUNT	PER-DAY / WEEK	DATE(S) PAYMENT TO BE MADE • ____/____/_____ • ____/____/_____ • ____/____/_____
<b>Services to be provided as part of the day camp care fee (examples; transportation, care, etc.)</b>		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM THE CHILD MAY BE RELEASED
EARLY DROP-OFF / LATE PICK-UP	PER MIN / HR	
\$		
<b>Extra services to be provided at an additional fee if applicable</b>		

I, the parent/guardian;

received complete written program information at the time of enrollment

agree to update the emergency contact/parental consent form information whenever changes occur

---

SIGNATURE-OPERATOR \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE-PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____	_____
SIGNATURE-PARENT OR GUARDIAN	DATE



# Champion Sportsplex

## EMERGENCY CONTACT/PARENTAL CONSENT FORM



<b>CHILD'S NAME</b>		BIRTHDATE	
ADDRESS			
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

\_\_\_\_\_ SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_ DATE

# Champion Sportsplex

<b>Player Name:</b>		<b>Age:</b>	<b>Birth date:</b>
<b>Parent/Guardian Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone #:</b>	<b>Work/Cell # :</b>	<b>Sport:</b>	
<b>Complete information below if you are registering as a team</b>			
<b>Team Name:</b>		<b>Coach Name:</b>	
<b>Coach Address:</b>			
<b>Phone:</b>		<b>Email:</b>	

## LIABILITY WAIVER

### *MUST BE COMPLETED BY ALL PARTICIPANTS*

HEREBY WAIVES AND RELEASES, DISCHARGES AND COVENANTS NOT TO SUE the Champion Sportsplex, Champion Taekwondo, USTU, the promoters, other participants, operators, officials, sponsors, advertisers, owners, and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purposes herein referred to as "releases", from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in or upon the restricted area, competing, officiating in, observing, or working for, or for any purpose participating in the event.

HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the release and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the release otherwise.

HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or observing, or working for or for any purpose participating in the event.

EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities at the event and involve the risk of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I consent that any pictures taken of me in connection with this event can be used for publicity, etc. and I waive compensation in regard hereto.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

This waiver, release and indemnification agreement specially embraces each and every event authorized or promoted by said releases during the entire season to each and every event, or activity herein above mentioned, parties herein intended to be released and indemnified shall be fully effectively released and indemnified as to each and every event herein above described.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

## **PARENT/GUARDIAN WAIVER-RELEASE FROM LIABILITY**

### *MUST BE COMPLETED BY PARENTS OR GUARDIANS OF APPLICANT UNDER 18 YEARS OLD*

PARENT/GUARDIAN WAIVER: RELEASE FROM LIABILITY (If applicant is under 18 years of age, the parent(s) and natural guardian(s) must execute in addition to the above, this following waiver)

The undersigned \_\_\_\_\_ (Print Parent(s) or Guardian(s) Name) referred to as the parent(s) and natural guardian(s) or legal Guardians of \_\_\_\_\_, (Print Applicant's (Child's) Name) does thereby represent that he/she (they) is (are), in fact acting in such capacity and Agrees to save and hold harmless and indemnify each and all of the parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever may be imposed upon said releases because of any defect in or lack such capacity to so act and release said releases on behalf of both of the undersigned.

\_\_\_\_\_  
Parent's (Guardian's) Signature Date Relationship to Minor

Champion Sportsplex has the right to change any information as provided above.