



Warrior Training

Child Athlete's Information

Name: _____ Date of Birth: ____/____/____ Age: ____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Parent/Guardian: _____
Phone Number: H - _____ C - _____ W - _____
Email: _____

Insurance Information

Name of Insured: _____ Relation to Child Athlete: _____
Employer's Name: _____
Insurance Company: _____
Policy #: _____ Group #: _____
____ Uninsured (Parent/Legal Guardian(s) assume ALL financial and medical responsibility in case of injury)

I certify that _____ is physically capable and able to participate in the clinic/class being offered at Storm Elite All Stars, Inc. I further understand this form legally releases all obligations and responsibilities for the medical treatment of my child/ren in the event of illness or injury during any activity that they participate in during their time in the scheduled clinic/class designated when either parent can't be reached. If there is any physical or medical reason why my child should not participate fully, the Storm Elite All Stars Organization, its coaches, agents and staff will require a physician's release in order for the child to continue participation. Furthermore, Storm Elite All Stars, its coaches, agents and staff are NOT liable for any injury incurred during participation in the clinic/class or any other event related to Storm Elite All Stars organization.

The undersigned as parent/guardian gives consent for the participant to engage in the physical activity that will be conducted during the clinic/class at Storm Elite All Stars. The undersigned also understands that while it is mandated that conduct during the clinic/class be done in a safe manner and all coaches, agents and staff present will expect correct use of all equipment and safe conduct of each child, and will correct anything they deem incorrect or unsafe.

The undersigned is aware of the participation in this clinic/class, although done under the direct supervision of a trained coach/staff, still could pose a risk to each participant involved in any manner in any athletic activity or sport. The Storm Elite All Stars organization recognizes our obligation to make everyone aware of the risks and hazards associated with the participation in any athletic activity or sport. Participants may suffer injuries, possibly minor, serious or catastrophic in nature. Because of the risk involved, the undersigned agrees to allow all coaches, staff and agents of Storm Elite All Stars to conduct instruction of the clinic/class in a manner that is consistent with all the rules and safety guidelines as instructed by Storm Elite All Stars.

The undersigned fully understands that Storm Elite All Stars and the staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff of Storm Elite All Stars to render temporary first aid to my child/ren in the event of an emergency or non-emergency situation that may require medical treatment and if deemed necessary by the staff, to contact medical help including transportation to any health care facility or hospital, or calling an ambulance for my child/ren should the staff deem it necessary.

Parent/Legal Guardian: _____ Date: ____/____/____