



WELLNESS AND SPORTS CAMPS
REGISTRATION FORM

Camp Name: _____ Camp Date(s): _____

Participant's Name: _____

Birthday: _____ Age: _____

Parents Name(s): _____

Phone (Home): _____ (Work): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Emergency Contact #1 _____ Phone: _____

Relation to Participant: _____

Emergency Contact #2 _____ Phone: _____

Relation to Participant: _____

List any medical situations involving player (i.e. allergies, asthma, etc.)

WAIVER

IF UNDER 18 YRS OF AGE

In consideration of Xcelerate Sports Development allowing my child to attend, I (we) individually and as Legal guardian(s) and/or parent(s) of: _____

(Child's Name)

do hereby release, discharge, indemnify and hold harmless Xcelerate Sports Development and its owners, directors, officers, employees, agents, successors, and assigns from and against, and waive any and all claims or liabilities from any injuries, losses, or damages including without limitations, injuries to my child, myself and/or property, arising out of or incident to my child's participation in Xcelerate Sports Development, whether caused in whole or in part, by the negligent act(s) or omission(s) of its owners, directors, employees, or agents. I hereby authorize the staff of Xcelerate Sports Development to act for me according to their best judgment, in any medical emergency for my child.

Parent/ Legal Guardian Signature

Date