



Release Form 2011 - 2012

Office Use Only

Check here if put into Database:

Sports & Fitness Academy

Please **PRINT CLEARLY** and fill out **ALL** the information that applies.

How Did You Hear About Us: _____

T-Shirt Size:

YXS YS YM YL

S M L XL XXL

Team(s) Associated With: _____

Athlete Name: _____ Birth date (MM/DD/YY) ____/____/____
(LAST NAME) (FIRST NAME) (MI)

EMERGENCY INFORMATION

Primary Physician: _____ phone (____) _____ - _____

Emergency Contact: _____ phone (____) _____ - _____

Check All That Apply: Latex Allergy Asthma Heart Condition Other Allergies: _____

Please list any other physical/psychological limitations, injury, or weakness that may affect the athlete's performance:

PERSONAL INFORMATION

Address: _____

City, State, Zip: _____

Parent(s)/Guardian: _____

Main Phone: (____) _____ - _____

Athlete Cell: (____) _____ - _____

Mother Cell: (____) _____ - _____

Father Cell: (____) _____ - _____

Main email: _____ @ _____

2nd email: _____ @ _____

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Program(s):

AS	BC	TC
PM	BA	CA
PV	GR	HS
OG	BP	PK

Date Rec:

Date Entered:

Entered By:

Authorization, Release, and Legalities:

I authorize Xcel 360°, LLC and its representatives to consent to medical treatment for me or my child when I cannot be reached to give consent. I also give Xcel 360°, LLC and its representatives consent to administer the necessary emergency care to stabilize and/or improve the current injury or condition that I or my child may have sustained during activities related to Xcel 360° instruction, practices, performances and all other Xcel 360° activities. No prior determination of life threatening emergency or danger of serious permanent injury resulting from treatment need be made under this authorization. Exceptions to this authorization are as follows:

I am fully aware that any activity involving motion, height, or athletic activities creates the possibility of serious injury, and I further agree to hold Xcel 360°, LLC and its staff, officers, or representatives harmless for any injury or resulting expense(s) including but not limited to the risk of *catastrophic* injury, paralysis, and even *death*. I release and discharge all rights and claims against Xcel 360°, LLC and its parties. Xcel 360°, LLC strives to provide a maximum in safety procedures and guidelines, and cannot assume responsibility for any accidents, injury, or illness that may occur. All athletes should have their own health insurance coverage in the event that any injury/illness may occur.

I authorize Xcel 360°, LLC to use photographs, video, and/or other likenesses of myself or my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto. I have read, understand, and agree to the Xcel 360° financial policies. (Copies are generally available at the front desk or online.) I believe all of the information above to be complete and correct.

Parent/Guardian Signature: _____ Date: _____

(Athlete Signature if 18 or older)

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FREE TRIAL DATE: ____/____/____

Registration Fee Paid: ____/____/____

Shirt Given: ____/____/____