**Parent or Primary Guardian**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Best Phone Number to be Reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Cell Work

Alternate Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Cell Work

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete This Section to Register for Programs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant Name** | **M/F** | **Birthdate** | **Sports Played** | **Fee** |
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**Liability Release- Read Carefully**

I AGREE TO INDEMNIFY AND HOLD HARMLESS PURIFY SPORTS PERFORMANCE, ITS COACHES, EMPLOYEES, AGENTS, CONSULTANTS, SUBCONTRACTORS, INSURERES AND REPRESENTATIVES, FOR ANY LOSS, DAMAGE OR INJURY TO MYSELF OR MY PROPERTY IN ANY WAY RELATED TO MY PARTICIPATION IN PURIFY SPORTS PERFORMANCE CAMPS, PROGRAMS AND TRAININGS. THIS RELEASE OF LIABILITY APPLIES TO ME AS WELL AS ANY OF MY CHILDREN, PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN. I AUTHORIZE PURIFY SPORTS PERFORMANCE IN A MEDICAL EMERGENCY TO SEEK EMERGENCY MEDICAL ASSISTANCE AT MY EXPENSE. I GIVE PERMISSION TO PURIFY SPORTS PERFORMANCE TO USE ANY PHOTOGRAPHS, VIDEOTAPE OR OTHER MEDIA RECORD OF MY PARTICIPATION IN PURIFY SPORTS PERFORMANCE CAMPS, PROGRAMS AND TRAININGS FOR ANY LAWFUL PURPOSE, WITHOUT COMPENSATION.

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Or Parent/Guardian)

**Fee Information and Payment (OFFICE USE ONLY)**

Total Fees $\_\_\_\_\_\_\_\_\_\_\_ CASH CHECK #\_\_\_\_\_\_\_\_\_\_ CC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP\_\_\_\_\_\_\_\_\_\_ CCV\_\_\_\_\_\_\_\_