

Registration Form



changing the lives of america's innercity youth, one athlete at a time

P.O. Box 111172
Aurora, CO 80042

Basketball Basketball H.S. Development Football Soccer Golf
Other

Clinic AGES: 7 – 14

Last Name: _____ First Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Name & Location of Organization: _____

Parent/Guardian: _____

Phone (Home): _____ Phone (Work): _____

E-mail Address: _____

Height: _____ Weight: _____ Age: _____:

School: _____ City: _____

If registering with another player, please indicate who: _____

Parents, please read and sign: ATHLETICS & BEYOND CLINICS and TRAINING DISCLAIMER OF RESPONSIBILITY FOR PERSONAL INJURY.

I understand that if my child is injured during any Athletics & Beyond Clinics and/or Training Sessions related activity and should require medical attention, appropriate medical care will be summoned and/or an ambulance will be called. If I am not available, I understand that every effort will be made to contact me, and to avoid delay in treatment: I consent to any medical procedure the attending physician believes necessary. I agree to accept all costs related to treatment: (beyond those covered by insurance). I give my authorization for my child to participate in the Athletics & Beyond Clinics and Training program, and hear by release, indemnify, and hold harmless Athletics & Beyond, the Athletics & Beyond Clinics and Training, its staff, and agents from any claim or liability for accident or injury that occurs while participating. This is an activity that injuries may occur and could be serious in nature. I, the parent or legal guardians of the above registrant acknowledges and understands that they are solely responsible for any medical expenses that may occur.

Parent/Guardian Signature: _____ Date _____

Athletics & Beyond Clinics requests information for the purpose of registration in Athletics & Beyond athletic programs. Responses to all items are required.

For more information about Athletics & Beyond Camps and Clinics...

www.athleticsandbeyond.com

mail to: P.O. Box 111172, Aurora, CO 80042



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CONSENT OF PERSON(S) APPEARING IN PHOTOGRAPH

1. I authorize Athletics & Beyond and each of those such parties' employees, agents, successors and assigns, and all those acting on their behalf (collectively, the "Sponsors"), to use, publish, advertise, or use for any other lawful purpose whatsoever the attached Photograph and my likeness without restriction and without compensation to me or my heirs.

I grant to Sponsors the right to edit, copy, duplicate, distribute, alter and to otherwise use the Photograph and my likeness in whole or in part in any media now known or hereafter created for any promotional, marketing or advertising purposes without compensation. I understand that Sponsors have no obligation to use the Photograph. I further agree that the use of the Photograph or my likeness on the Website or other materials confers on me no rights whatsoever in the Website or other materials related to the Photograph. Sponsors shall have complete ownership of the Photograph and materials relating to the Photograph, including all copyright and other rights. I acknowledge and agree that I shall have no right of approval, no claim to any compensation, and no claim arising out of the use, alteration, or distortion of the Photograph or my likeness.

2. I understand that I will receive no monetary compensate on for submission of the Photograph to the Website and that I am to receive no monetary compensation of any kind as a result of any use by Sponsors of the Photograph. I further agree that the opportunity to have the Photograph considered for use on the Website constitutes adequate and sufficient consideration for this release.

I HAVE READ THE RELEASE ABOVE AND GIVE SPONSORS PERMISSION TO USE THE PHOTOGRAPH AND MY LIKENESS ON THESE TERMS.

Parent/Guardian Signature _____
Date _____