

**Elite Sports Academy**

**Program Enrollment/Registration Form**

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| **□ League Age:** |  | **Date:** |  |
| **□ Camp Age:** |  | **Date:** |  |
| **□ Tryout Age:** |  | **Date:** |  |
| **□ Program Name:** |  | **Date:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Membership Status** | **□ Member □ Nonmember** | | **Program Fee/Cost:** | **$** | |
| **Last Name:** |  | | **First Name:** |  | |
| **Home Address:** |  | | **Email Address:** |  | |
| **City:** |  | | **Home Phone:** |  | |
| **State, Zip:** |  | | **Parent Phone:** |  | |
| **Parent(s) Name:** |  | | **Parent Cell Phone:** |  | |
| **School Name:** |  | | | **Grade:** | **DOB:** |
|  | | | | | |
| **Consent Form and Liability Waiver**  I understand that participation in athletic activities carries an inherent risk of injury, even when the greatest care is exercised. I am aware and understand that participating in any/all *Between the Lines* camps, programs, clinics, or classes presents to my child the risk of harm, including, but not limited to, serious personal injury or death. All questions I have concerning my child’s participation have been answered to my satisfaction. I hereby release and agree to indemnify and hold harmless *Between The Lines* and all sponsors, personal trainers, assistants, coaches, Shawnee Mission School District and all employees of the Shawnee Mission School District, as well as any other person or facility affiliated with the program, camp, clinic, and/or class from any and all liability for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney’s fees) arising from or related to the above named participant. Also, I remain legally responsible for any personal action taken by the participant named above. I understand that I will be fully responsible for any and all damages caused to the facility. As a parent/guardian, I acknowledge that I am a role model and accept the responsibilities that come with being a parent/guardian of a student athlete. I will remember that this class, program, camp, and/or clinic is an opportunity to build and learn important life experiences for the athletes. Therefore, I will show respect for all players, instructors, spectators and other parents/guardians. | | | | | |
| **Parent/Guardian Signature:** | | | | | |
| **For Office Use Only ---- Attach a copy of the check or credit receipt to this form.** | | | | | |
| **Amount Paid:**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Balance Due:**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Payment Type:**  **□ Cash**  **□ Check# \_\_\_\_\_\_\_\_**  **□ Credit Card Type \_\_\_\_\_\_\_** | | **Payment Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Received By:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Revised May 1, 2019