

Shooter's Touch Academy

Declaration of Medical Fitness and Permission to Provide Treatment

1. I understand that physical handicaps, psychological handicaps, chronic ailments, allergies and other medical conditions may affect safe participation in Shooter's Touch Basketball Academy. I declare that I and my minor child/children are in good physical and emotional health and either I nor my minor child/children of mine have or suffer from any medical/psychological condition which makes or would make it unsafe for me or for my minor child/children to participate in Sports Training provided by Shooter's Touch Basketball Academy.
2. In the event of an emergency, I authorize Shooter's Touch Basketball Academy officials to secure from any accredited hospital and/or physician any treatment deemed necessary for my immediate care of my child/children and agree that I will be responsible for payment for any and all medical services rendered.
3. I also declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my declarations or representations of Shooter's Touch Basketball Academy, or its employees, agents or instructors.

EMERGENCY AND MEDICAL INFORMATION Person to contact in an emergency:

4. Name _____
5. Telephone (Evening/Weekend) _____
6. Physician Name: _____
7. Allergies: _____
8. Medications: _____
9. Medical Problems: _____

10. Insurance Company: _____
11. Comments:

Shooter's Touch Academy

Registration Form

Location: _____ Times _____

Child's Name _____ Age _____ Boy/Girl

Birthdate _____ Grade _____ (Hm) Phone# _____

Address _____ City _____ State _____ Zip _____

Parent's Name _____

Parent Cell# _____

Parent's email _____

Parent's Work# _____

Uniform Size: YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____ AXXL

Skill Level _____ (Beginner/Intermediate/Advance)

Height (Feet & Inches) _____

My child may be photographed (stills or video) for use in promotional literature (e.g. brochures, newspaper articles, webpage). Any photographs of students used will not contain the student's name YES NO Initial Here _____

Signature of Parent

or Guardian _____ Date _____

