

FREE T.E.A.M P.H.I.T KIDZ REGISTRATION RELEASE & WAIVER FORM – PLEASE PRINT LEGIBLY

First Name: _____ Last Name: _____ Gender: M / F

Parent/Guardian: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

School: _____ Grade: _____ Age: _____ Birthdate: _____ / _____ / _____ Ht: _____ Wt: _____

Health Insurance: _____ Policy # _____

Medical Conditions: _____

Contact In Case of Emergency: _____ Phone: _____

CHECK FOR ACTIVITY: FOOTBALL _____ CHEERLEADING _____

CHECK-IN 8:30AM – 9:45AM / CLINIC 10AM – 1:30PM / AWARDS 1:30 / LUNCH 1:45 / DISMISSAL 2

NO ONE ADMITTED AFTER 10AM – PARENTS PICK UP YOUR KID(S) AT 2PM

DO NOT WEAR JEANS, OPEN TOE SHOES OR FLIP FLOPS. THERE WILL BE OUTSIDE ACTIVITIES SO WEAR TENNIS SHOES AND BRING TURF SHOES FOR FOOTBALL RELATED ACTIVITIES IF YOU HAVE SOME

In acceptance of (name of clinic attendee) _____ as a clinic participant in the FREE T.E.A.M P.H.I.T Kidz Clinic on July 6, 2018, it is agreed that: The T.E.A.M P.H.I.T Kidz Clinic will not be responsible or liable for any injuries to the above named clinic participant arising out of, or in connection with, the above said organization. It is further agreed that all risks attendant to watching and/or participating in clinic activities, including but not limited to bodily injury are assumed by the clinic participant and his or her parents or legal guardian, and that this assumption is acknowledged, approved and agreed to by said clinic participant and his or her parents and or legal guardian as indicated by their signatures hereto. Please utilize the same bus and stay in the same seat to and from the clinic. Apple Bus Company and the Robert Royal Foundation will hold any parent/student responsible for purposeful damage caused by misbehaving/disrespect while riding the bus. **BUS RULES: 1. No standing while the bus is in motion, 2. Not sitting in an assigned seat. 3. Eating on the bus or throwing food/items inside of or out of the bus. 4. Using vulgar language. 5. Not following driver instructions, or arguing with the driver. 6. Striking or fighting with another student, bullying, etc. 7. Opening the emergency exit door without prior approval. 8. Destroying or defacing the school bus in any way (cutting seats, breaking windows or doors, pulling camera wires, etc.).**

I hereby release, resolve, indemnify and agree to hold harmless The Robert Royal Foundation, T.E.A.M. P.H.I.T Kidz Clinic, NFL, City of New Orleans, New Orleans Recreation Department, Behrman Stadium, Apple Bus Company, the organizers, directors, officers, sponsors, supervisors, commissioners, referees, counselors from any claim, demand or action arising out of injury to my child and only to the extent of and in the amount covered by any accident or liability insurance. I/We further hereby grant the T.E.A.M. P.H.I.T Kidz Clinic permission to use my child's photograph in collateral material for the clinic including websites. I/We have read the above, and have explained it's meaning to our clinic participant, and approve and consent to the terms and conditions as stated. I/We hereby represent that we are the parents and/or legal guardian signature of the above named clinic participant, and consent to his or her participation in the T.E.A.M P.H.I.T Kidz Clinic. By signing this waiver form, each of us agrees that the entire clinic staff or players shall NOT be responsible to either of us for any injury which the clinic participant may sustain while participating in the clinic and we will not sue, commence any legal action against nor make any demand of claim against organizers.

I/We HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THIS IS A RELEASE OF LIABILITY AND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

MEDICAL INFORMATION: I hereby certify that (name of clinic attendee) _____ is physically able to participate in the T.E.A.M P.H.I.T Kidz Clinic and I know of no physical impairments, which would in any manner limit his or her participation in such a program.

Participant printed name

Participant Signature

Parent/Legal Guardian printed name

Parent/Legal Guardian Signature

Date: