



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:		ST:	ZIP:
Home Phone:			
School:Grade: _	Age: Birthdate:_	/	Ht: Wt:
Health Insurance:	Policy #		
Medical Conditions:			
Contact In Case of Emergency:CHECK FOR ACTIVITY:		Phone:	
CHECK FOR ACTIVITY: CHECK-IN 8:30AM - 9:45AM / CLINIC	FOOTBALL	CHEERLEADIN	[G
NO ONE ADMITTED AFTER 10			
In acceptance of (name of clinic attendee) the FREE T.E.A.M P.H.I.T Kidz Clinic on July responsible or liable for any injuries to the above said organization. It is further agreed the including but not limited to bodily injury are and that this assumption is acknowledged, apor legal guardian as indicated by their signate from the clinic. Apple Bus Company and the purposeful damage caused by misbehaving/disis in motion, 2. Not sitting in an assigned sthe bus. 4. Using vulgar language. 5. Not for fighting with another student, bullying, Destroying or defacing the school bus in a wires, etc.). I hereby release, resolve, indemnify and agr Clinic, NFL, City of New Orleans, New Orlead organizers, directors, officers, sponsors, super	7 6, 2018, it is agreed that: To above named clinic participan that all risks attendant to watch assumed by the clinic participal proved and agreed to by said oures hereto. Please utilize the exposert Royal Foundation will is respect while riding the bus. Seat. 3. Eating on the bus or following driver instructions etc. 7. Opening the emergerany way (cutting seats, breather to hold harmless The Roberts Recreation Department, Beats, commissioners, reference.	as The T.E.A.M P.H.I.T K t arising out of, or in hing and/or participate ant and his or her participant and same bus and stay in ll hold any parent/st BUS RULES: 1. No st throwing food/item or, or arguing with the ncy exit door without king windows or do ert Royal Foundation ehrman Stadium, App ees, counselors from	a clinic participant in idz Clinic will not be a connection with, the ting in clinic activities ents or legal guardian his or her parents and the same seat to and udent responsible for anding while the bush inside of or out of e driver. 6. Striking at prior approval. 8 bors, pulling camerates, T.E.A.M. P.H.I.T Kidzole Bus Company, the any claim, demand of
action arising out of injury to my child and or insurance. I/We further hereby grant the T collateral material for the clinic including wel clinic participant, and approve and consent to the parents and/or legal guardian signatur participation in the T.E.A.M P.H.I.T Kidz Clinic or players shall NOT be responsible to eith participating in the clinic and we will not sue, organizers.	aly to the extent of and in the a C.E.A.M. P.H.I.T Kidz Clinic perbsites. I/We have read the about the terms and conditions as the confidence of the above named clinic. By signing this waiver form, her of us for any injury which	amount covered by an rmission to use my ove, and have explain stated. I/We hereby c participant, and co each of us agrees tha n the clinic participa	ny accident or liability child's photograph in ed it's meaning to our epresent that we are onsent to his or he t the entire clinic stafut may sustain while
I/We HAVE CAREFULLY READ THE ABOVE UNDERSTAND THIS IS A RELEASE OF LIABI SIGN IT VOLUNTARILY.	WAIVER AND RELEASE AND LITY AND THAT I GIVE UP SU	FULLY UNDERSTAN JBSTANTIAL RIGHTS	ND ITS CONTENTS. BY SIGNING IT, AND
MEDICAL INFORMATION: I hereby certify the able to participate in the T.E.A.M P.H.I.T Kidz (alimit his or her participation in such a program	hat (name of clinic attendee)_ Clinic and I know of no physica n.	ll impairments, which	is physically would in any manne
Participant printed name	Participant Sign	ature	
Parent/Legal Guardian printed name	Parent/Legal Gu	ardian Signature	