



Little Warriors Basketball Academy Registration Form

Note: Please print legibly in INK or type. This form must be completed in FULL, including signatures of parents or legal guardian. Campers will NOT BE ALLOWED to participate without completion of this form.

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____

Gender: Female Male Age: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ cell: _____

Parent email: _____

Emergency Contact Number: _____

Alternate Emergency Contact Number: _____

(Include area code with telephone)

Medical Form

Please fill out completely and sign below

Family Physician: _____

Physician's Office Phone: _____

Allergies:

Date of Last Tetanus: _____

History of injuries: _____

Any known Illnesses or Disabilities: _____

Medications: _____

In Case of Emergency, Contact: _____

Phone: _____

I certify that my child is in good health and can participate in the daily Activities. In case of emergency, I grant permission for my child to be given treatment at a local hospital.

Parent's/Guardian's Signature: _____

Waiver and Release of Liability

Please read carefully.

This document is a waiver and release of liability. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby release, acquit and forever discharge the Warrior InterNational Training Organization, the Warrior InterNational Training Organization Limited Partnership, The Warrior InterNational Training Organization officers, directors, Partners, agents, sponsors, employees, coaches, trainers, players, counselors, physicians, insurers, successors and assigns and all other persons, organizations, and corporations affiliated therewith (collectively referred to as the "Releasees"), and each of them, of and from any and all liability, claims, demands damages, actions or causes of action, suits or causes of suit, arising from or involving, in whole or in part, the negligence or gross negligence of any one or more of the Releasees, that undersigned has now or may have in the future by reason or any cause or thing whatsoever which has occurred or might occur in the future, and specifically, without limitation of the foregoing, of and from any and all claims for property damage or personal injury, death, disability, loss of income or other damages arising out of or relating to the undersigned's minor child's participation in the Warrior InterNational Training Basketball Camp.

I also hereby:

1. Give permission to the above named camper to attend and participate in the Warrior InterNational Training Sports Camp referenced above.
2. Give permission to the camp staff to render preventative, first aid or emergency treatment, or all of the foregoing, necessary to camper's health and well-being. In the event of serious injury/illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by the camp staff to notify the designated emergency contacts as soon as possible. If camp staff is unable to communicate with me, the treatment deemed necessary for camper's health and well-being may be given.
3. Certify that, to the best of my knowledge, the medical information requested above is complete and correct, and that no health related situations preclude camper's participation in camp activities.
4. Agree to assume all risk arising from camper's participation in camp activities, including but not limited to drop off and pick up of participant and any activities that may present risk of bodily injury.
5. Agree to save, hold harmless, discharge and release Warrior InterNational Training for any and all liability, claims, causes of action, damages or demands in connection with camper participation in camp activities including transportation to, at, or from camp activities.
6. Understand that any medical expenses for Camper's health and well-being will be the responsibility of the parent/guardian.
7. Agree to accept any decisions made by the Camp Director in the termination of camp attendance due to unacceptable or unsafe behavior and agree to forfeit reimbursement of any camp fees and pay any associated costs relative to the decision.

- 8. Certify that the I am the camper’s parent or legal guardian. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above Parental Guardian Release and Information I understand the contents of this Parental Guardian Release and Information, assent to its terms and conditions, and sign it of my own free act.

- 9. Give permission for a video recording, photo or likeness of my child to be used in brochures, website and other promotional materials produced by the Warrior InterNational Training Organization. The image will not be sold without the express written consent of the parent or legal guardian.

Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Signature: _____ **Date:** _____

Make check payable to Warrior International Training, Inc

Warrior InterNational Training, Inc.

153 E. Southgate ROAD

Peoria, IL 61614