



**APPLICATION & MEDICAL INFORMATION**

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

**ACKNOWLEDGMENT, RELEASE, & AUTHORIZATION**

I hereby give my consent that Doneilous King has use of my (child's) name and photograph for publicity, press releases, and inclusion on any advertising material used to enhance the quality and notoriety of this training service.

I hereby release and discharge Doneilous King and his staff, officers, employees, agents, and affiliated entities, from any and all liability or causes of action rising out of, or in connection with, my (child's) participation in this training service, including but not limited to any and all liability or causes of action arising out of or in connection with any negligence of, or any acts or omissions of Doneilous King and his staff, officers, employees, agents, and affiliated entities.

I hereby authorize Doneilous King and his staff etc. to act on behalf of my (child's) best judgment in any case of emergency requiring medical attention, including in relation to obtaining any medical or hospital treatment.

I hereby release and discharge Doneilous King and his staff etc. from any and all liability or causes of action arising out of, or in connection with, any such actions by Doneilous King and his staff etc. in any emergency requiring medical attention, including but not limited to any and all liability causes of action arising out of, or in connection with, any negligence of, or any acts or omissions of, Doneilous King and his staff etc.

I have read and reviewed this APPLICATION, WAIVER, RELEASE, ACKNOWLEDGMENT & AUTHORIZATION form and I have had the opportunity to ask any questions that I might have regarding the same. I expressly agree to the terms and provisions of this application form, including the areas specifically outlined.

Parent's Signature:  
\_\_\_\_\_

Athlete's Signature:  
\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_