

KC SPORT SPEED REGISTRATION

HOW DID YOU HEAR ABOUT US? _____

NAME OF ATHLETE: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT NAME (S): _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

IN CASE OF EMERGENCY CONTACT: _____

PHONE NUMBER: _____

PREVIOUS INJURIES OR MEDICAL CONDITIONS:

SPORTS INVOLVED IN: _____

CURRENT SCHOOL ATTENDED AND GRADE LEVEL: _____

**KC Sport Speed
Program Disclosure**

As the athlete or parent/legal guardian of the athlete named above, I hereby give my full consent and approval to participate in a Training Program at KC Sport Speed.

I understand that there are certain risks inherent in participating in Training Programs and I am willing to assume these risks on behalf of myself or my child. I hereby certify that I/my child am/is capable of participating and that I/my child am/is healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my/my child's participation, I do hereby waive, release and hold harmless KC Sport Speed, its owners, instructors, supervisors and representatives for any injury that I/my child may suffer in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

I understand that, occasionally, KC Sport Speed will take pictures of athletes during the course of a Training Session to use in promotional materials. I authorize KC Sport Speed to take photographs and to use, at its discretion, any photographs taken and waive any and all claims resulting from any such photographs or reproductions.

PARTICIPANTS SIGNATURE: _____

PARENT OR GUARDIAN SIGNATURE: _____