



REGISTRATION AND RELEASE FORM

ATHLETE INFORMATION

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ Zip: \_\_\_\_\_
Gender: \_\_\_ M \_\_\_ F DOB: \_\_\_/\_\_\_/\_\_\_
Cell Phone #: \_\_\_\_\_
E-Mail: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_
Cell Phone #: \_\_\_\_\_
Email: \_\_\_\_\_
Name: \_\_\_\_\_
Cell Phone #: \_\_\_\_\_
E-Mail: \_\_\_\_\_

MEDICAL INFORMATION

Please list any physical/psychological limitations, health conditions, injuries, or weakness that may affect the athlete's participation and/or performance: \_\_\_\_\_

Allergies: \_\_\_\_\_
Medications (list all): \_\_\_\_\_
Emergency Contact: \_\_\_\_\_
Relation: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_
Policy #: \_\_\_\_\_
Last 5 of parents social: \_\_\_\_\_
Emergency Contact #: \_\_\_\_\_

RELEASE FORM

In consideration for (athlete name) \_\_\_\_\_ I authorize Florida Triple Threat All-stars, LLC and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. I also give Florida Triple Threat All-stars, LLC and its representatives to consent to administer the necessary emergency care to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to Florida Triple Threat All-stars, LLC instruction, practices or performance. No prior determination of life-threatening emergency or danger of serious permanent injury resulting from treatment needs to be made under this authorization. I am fully aware that any activity involving motion, height, or athletic activities creates the possibility of serious injury, and I further agree to hold Florida Triple Threat All-stars, LLC and it's staff, officers, or representatives harmless for any injury or resulting expense(s). I release and discharge all rights and claims against Florida Triple Threat All-stars, LLC and it's parties. Florida Triple Threat All-stars, LLC strives to provide a maximum in safety procedures and guidelines, and cannot assume responsibility for any accidents, injury or illness that may occur. Florida Triple Threat All-stars, LLC highly recommends that all athletes have their own health insurance coverage to help cover the cost of any injury. I authorize Florida Triple Threat All-stars, LLC to use photographs, video and or other likenesses of my child for use in promotional materials or sales and waive any rights of compensation or ownership thereto.

Athlete Name (Print): \_\_\_\_\_ Athlete Signature: \_\_\_\_\_
Parent/Guardian Name (Print): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_
Date: \_\_\_\_\_