

ATHLETE WAIVER

ATHLETE NAME: _____ DATE OF BIRTH: ___ / ___ / ___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

NAME OF PARENT/LEGAL GUARDIAN: _____

EMERGENCY CONTACT: _____ PHONE: _____

LIST ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

Each Athlete is responsible for carrying their own insurance

Health Insurance: _____ ID#: _____

Subscriber Name: _____ Subscriber Date of Birth: ___ / ___ / ___

Relationship to Insured (circle): Self Child/Dependent

Primary Care MD: _____ Phone: _____

CERIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including the Athletic Development Program, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, the athlete agrees to obey all safety rules and to report fully any problems related to his/her physical condition to the summer camp coaches or assistants as soon as the problem arises.
2. By signing the registration form, I certify the following:
 - a. That the participating athlete is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the Athletic Development Program.
 - b. That the athlete is not currently being treated for or recovering from an orthopedic injury what would prevent his/her safe participation in the Athletic Development Program.
 - c. That the participating athlete has no history of fainting or other problems related to strenuous exercises.
 - d. That the athlete is in good health and there is no reason he/she cannot safely participate in strenuous physical activity.

(Athlete Signature) **DATE:** _____

(Parent/Guardian Signature) **DATE:** _____

Brewster Academy Liability Waiver

I hereby authorize the staff of ACTION Sports & Physical Therapy to act for the participant according to their best judgment in providing or arranging for emergency circumstances requiring medical attention. In consideration of the applicant being allowed to participate in the sports activity, I acknowledge that I have had the opportunity to determine the nature of the activity and the manner in which it will be conducted and/or having waived the right to obtain such knowledge, do hereby assume all risks arising from or connected with said activity and release Brewster Academy and their employees and agents, from all liability of any kind or nature, whether caused in any way by negligence of the released parties or not, arising from the applicants participation in the activity or presence on the premises.

Permission to use Photographs & Video Footage:

I give my permission to Brewster Academy to use sports action or team photographs and/or video footage of the above named player in various activities during the Strength and Conditioning Program at Brewster Academy marketing materials including, but not limited to, brochures, flyers, DVD's, guides, and the Brewster Academy website. I waive any claim to monetary compensation in any form from Brewster Academy.

Signature: _____ Date _____
(Parent or Legal Guardian)