

Elite Sports Academy
Home of Dream Big Athletics

Participants Information

Players Name: _____ Birth date: _____ Age: _____
Address: _____ City: _____ Zip: _____
Email Address: _____

Class Information

Class: Lake Bluff Winter/Spring Training **Day:** Sunday **Time:** _____

Class: Speed and Agility **Day:** Thursday **Time:** _____

Emergency Information

Father's Name: _____ Home Phone: _____ Bus. Phone: _____
Mother's Name: _____ Home Phone: _____ Bus. Phone: _____
Allergies: _____
Other Medical Conditions: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Relation: _____
Phone: _____

Wavier and Release of Liability

I hereby authorize Dream Big Athletics, Elite Sports Academy, Elite Fitness Institute and all individuals supervising this camp to act for me in judgment in any emergency requiring medical attention. I hereby waive, release and indemnify Dream Big Athletics, Elite Sports Academy, Elite Fitness Institute and the coaching staff involved with this camp of all legal responsibilities in the event of injury to my child. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical charge in connection with his/her attendance of the training, clinic and/or camp, before, during or while leaving the program.

Parent/Guardian Signature: _____ Date: _____

Please send completed form along with a check in the amount of \$165.00 payable to Dream Big Athletics.

Forms and checks to be mailed to:

Dream Big Athletics
P. O. Box 1935
Arlington Heights, IL 60005