

Diamond Sports Training

Team/Organization _____

Emergency Information Form/Liability & Photo Waiver

Player Name (Last, First)	Birthdate	M/F	Allergies/Health Concerns
_____	_____	_____	_____
_____	_____	_____	_____

Mother/Guardian (last, first): _____

Father/Guardian (last, first): _____

Address: _____

Address: _____

Phone: (h) _____

Phone: (h) _____

(w) _____

(w) _____

(c) _____

(c) _____

e-Mail(s): _____

e-Mail(s): _____

Add to e-Mailing List? _____

Add to e-Mailing List? _____

Emergency Contact: _____ Phone # (during activity hours): _____

Health Insurance Company/Policy Number: _____

I hereby state that my child is in good normal health and is able to participate in a strenuous physical activity. I recognize that all classes and activities of a physical nature involve some risk and, by registering for a specific activity, I am representing that I understand the possible risks involved with this type of activity. I give my permission for emergency medical treatment in the event of injury or sickness. I waive and release Diamond Sports Training, its owners, and employees from any and all liability in case of an accident.

Signature (signed by Parent if under 18): _____ Date: _____

Printed Name: _____

My Child(ren)'s name or image may appear in Diamond Sports Training promotional materials:	Yes	No
--	-----	----

Diamond Sports Training

Team/Organization _____

Emergency Information Form/Liability & Photo Waiver

Player Name (Last, First)	Birthdate	M/F	Allergies/Health Concerns
_____	_____	_____	_____
_____	_____	_____	_____

Mother/Guardian (last, first): _____

Father/Guardian (last, first): _____

Address: _____

Address: _____

Phone: (h) _____

Phone: (h) _____

(w) _____

(w) _____

(c) _____

(c) _____

e-Mail(s): _____

e-Mail(s): _____

Add to e-Mailing List? _____

Add to e-Mailing List? _____

Emergency Contact: _____ Phone # (during activity hours): _____

Health Insurance Company/Policy Number: _____

I hereby state that my child is in good normal health and is able to participate in a strenuous physical activity. I recognize that all classes and activities of a physical nature involve some risk and, by registering for a specific activity, I am representing that I understand the possible risks involved with this type of activity. I give my permission for emergency medical treatment in the event of injury or sickness. I waive and release Diamond Sports Training, its owners, and employees from any and all liability in case of an accident.

Signature (signed by Parent if under 18): _____ Date: _____

Printed Name: _____

My Child(ren)'s name or image may appear in Diamond Sports Training promotional materials:	Yes	No
--	-----	----