PREMIER SPORTS ACADEMY

WAIVER, LIABILITY, AND MEDICAL RELEASE

Name _____Boy ___or Girl ___ Age Level U-_____
Position(s) normally play _____
Desire Keeper Training? Yes_____ No _____
Camper Phone _____Email_____
Camper Address_____
_____
Camper Parent or Legal Guardian_____
Emergency Contact Phone(s) _____

The undersigned parent or legal guardian does hereby permit the camper or player listed above to participate in the Premier Sports Academy training, camps, and/or leagues during the above listed dates, or any substituted dates. Furthermore, they agree to release, indemnify and hold harmless, the Premier Sports Academy, its Officers and Directors, Volunteers, Camp Director and Coaches from any liability that may arise from any activities involving the Camper's participation in the aforementioned Camp. Athletes participate at their own risk to injury and take full responsibility for their actions on and off the field. In case of serious injury, the undersigned instructs officials to administer first aid on the scene and to contact emergency medical assistance at the sole expense and responsibility of the athlete and/or their parent or legal guardian.

_____ _____
Signature (Parent or Legal Guardian) Date

This form will be kept on file and will be valid for 1 year from above date.

<u>Circle T-Shirt Size</u> (if applicable)

YS **YM** **YL** **YXL** **AS** **AM** **AL** **AXL**

Mail completed form with payment made payable to:

Premier Sports Academy
6757 Cascade Rd SE #56
Grand Rapids, MI 49546
616-682-4700