

Ball for a Cause Registration Form

Please use one registration form per participant

Full Name _____ D.O.B. _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Email Address _____ Preferred phone _____

>>Session: _____ **>>Grade:** _____

Terms of Registration

- Preregistration is required.
- **There are no refunds or reductions once a participant is registered for any reason, unless Athlete's Competitive Edge cancels the program.**
- Special guests/coaches are subject to change, based on availability.
- Spaces are limited and registration is on a first come, first serve basis. A waiting list will be established if a program fills.
- If the minimum numbers for the clinic or camp are not met, the program may be cancelled or rescheduled.
- Registrations will not be processed without payment in full.
- A \$40 processing fee will be charged for all returned checks.

General Permission & Release of Liability

In participating in Athlete's Competitive Edge, LLC programs, I assume any, and all risks associated with clinic, camp, and other sport related activities. If the parent/guardian of a minor, I give my child, listed above, permission to participate in all activities at Athlete's Competitive Edge, LLC clinics and events. I voluntarily release Athlete's Competitive Edge, LLC, the instructors, employees or agents, and The Nature of Things, LLC and its affiliates, from any responsibility on account of any injury, including death, sustained by myself, my child or person in my control, during any clinic or sport related activity. I agree to indemnify and hold harmless any such person on any claim for as long as I am associated with Athlete's Competitive Edge, LLC.

Photo Release

I authorize Athlete's Competitive Edge, LLC permission for my own (adult participant) or my child's (minor participant) photo to appear in clinic, camp, or event brochures, video, public and private advertising or any other promotional literature.

Yes: _____ **No:** _____

Medical Release & Emergency Contact

My child's physician is _____
(Name) (Address) (Phone)

My first choice of hospital is _____
(Name and Address of Hospital)

Insurance _____
(Company) (Policy #)

Please indicate whom you would like us to contact in the event of emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I hereby give permission to the medical personnel selected by the program director to provide health care; to administer medications; to order X-rays, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

I agree to all the terms of registration as outlined above.

>>Parent/Guardian Signature _____ **Date** _____

*Please ensure that all checks are made payable to **E.A.S.E. (Educators Alliance Seeking Excellence)**, a non-profit organization aiming to improve educational opportunities for school-aged children and mailed to: Athlete's Competitive Edge, 10 Groton Road, Nashua, NH 03062*