

APPLICATION AND MEDICAL CONSENT FORM

(Please Print Neatly)

Parent(s) Name: _____

Child(ren)'s _____ Last Name: _____

Address: _____ Zip Code: _____

Tel: _____ Email: _____

Mobile: _____ School: _____

Age: _____ Male__ Female__ Date of Birth: _____

Emergency Contact Number(s) if different from the above: _____

Medical Information

Dr.'s Name: _____ Tel: _____

Address: _____

Does your child have any medical conditions we need to be aware of: _____

Is there anything else we should be aware to ensure your child's wellbeing? Yes__ No__
(if yes details) _____

Photography

Your child may have photographs taken during activities which may be used in promotional material and publicity in conjunction with the programs of Land and Sea Sports Club, Inc., including its website.

Please check here if you do not give your permission for this and we will alert those running the session to your wishes. ____

Liability Release

(Client's Name) _____ would like to participate in the Land and Sea Sports Club, Inc.'s program(s). I acknowledge the risks and potential for risks of participating in various sports. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Land and Sea Sports Club, Inc., its Board of Directors, Instructors, Therapists, Aids, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Land and Sea Sports Club, Inc. Sports Programs.

Signature: _____ Date: _____

Client, Parent or Guardian if under 18 years old

Printed Name of person signing form: _____

There is a yearly registration fee of \$35.00 which covers the whole family for all programs. Please make checks payable to Land and Sea Sports Club, Inc. and send in with this form.