Vanguard Basketball Training

Registration and Waiver/Liability Form Effective

Child's name_____
School_____
M_____ F_____ Age_____
Grade_____ DOB_____
Home Phone_____Cell_____
Address_____
City_____Zip____
Parent's name_____
Employed by_____
Parent's work phone_____
Cell_____
Email address_____
Parent's name_____
Employed by_____
Parent's work phone_____
Cell_____
Email address_____

EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:
Name_____
Phone_____
Relationship_____

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO._____
Policy number:_____
FAMILY DOCTOR:_____
Family Doctor Address:_____
Family Doctor Phone:_____

HEALTH RECORD:

(Circle if applicable or allergic)

Ear Infections Poison Oak Rheumatic Fever Diabetes

Insect Stings Convulsions Penicillin Hay Fever

Behavioral Problems Tetanus immune Date:____
Other:_____

Operations, serious injuries, diseases, restrictions on physical activity:

_____
_____

Give name and purpose of medication taken:

_____
_____
_____

BRANCH RELEASE/WAIVER FOR Visionary Vanguard aka Vanguard Basketball Skills & Training

Name of Minor_____

I, the undersigned parent/person legal custody/guardianship of the above said minor, give permission for the minor to participate in all activities be Visionary (Vanguard Basketball). The minor is physically able and mentally prepares to participate in all activities related to physical fitness and basketball training. In consideration of said minor being permitted to enter any branch of Y.

1. Acknowledge that (i) I have read this document, (ii) I have inspected the program, (iii)I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.
2. Release the Visionary Vanguard, its faculties, officers, employees, affiliates, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to a person, whether causes by Releasees or otherwise;
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near Visionary Vanguard; whether cause by the negligence of Releasees or otherwise.
4.I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the Visionary Vanguard as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the Georgia Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Visionary Vanguard is not responsible for costs incurred for medical care.
6. Visionary Vanguard may use my child's photos/images/likeness for promotional purposes. I intend this document to be as broad and inclusive as is permitted by the laws of the State of Georgia; if any portion hereof is invalid, I agree the balance shall continue in full legal force and effect.

_____ Date_____
Signature of Parent/Guardian