



TEST Sports Clubs

TEST REGISTRATION FORM

L.E. GIRLS LAX CLINIC – MAY-JUNE 2012

PLEASE PRINT AND BRING WITH YOU AT FIRST CLINIC

Name _____ Age _____ Grade _____ DOB: _____

Phone: (____) _____ Address: _____
City State Zip

Mom's Name: _____ Dad's Name: _____

Mom Cell: _____ Dad Cell: _____

email address: _____

In Case of Emergency Contact: _____ Telephone: (____) _____

Proof of Insurance Co: _____ Policy Number: _____

"I assume any and all risks related to the club facilities. I agree to hold TEST Sports Clubs, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred. I also grant TEST Sports Clubs, its assigns and advertising agents the right to record by means of video, still and digital photography, my name, voice, and likeness and I grant the producer of the footage worldwide for such use as TEST Sports Clubs deems fit for business purposes.

Parent/guardian signature _____

Athlete Signature _____