

# Trailblazers LI, Inc.

## Registration Form

ATHLETE INFORMATION				
Athlete Name ( <i>Print First &amp; Last</i> ):		Date of Birth:	Age:	Division (M/F):
Address:		City:		Zip:
Home Phone#:	Cell Phone#:	Email:		
School Name:	School District:			Grade:
Has Athlete played organized sports before? Y/N	When:	Where:	What role/position?	
Any Medical Problem? Y/N	If Yes, please provide details.			
PARENT OR GUARDIAN INFORMATION				
Parent or Guardian Name:		Relationship:		
Address:		City:	Zip:	
Home Phone#:	Cell Phone#:	Email:		
Emergency Contact:		Relationship:		
Home Phone#:	Cell Phone#:	Email:		
PARENT OR GUARDIAN CONSENT AND WAIVER				
<p>I the undersigned, HEREBY CERTIFY that I am the legal parent or guardian of the above named child (athlete), and I hereby give my consent for his/her participation in all activities, athletic or otherwise, sponsored by Trailblazers LI, Inc. (Trailblazers). I have been informed of the nature and purpose of Trailblazers Athletic Programs. I understand that my child will participate in a contact sport with potential risk of harm. I assume any and all risk and hazard associated with my child's participation in Trailblazers Athletic Programs. I hereby release, indemnify, and hold harmless Trailblazers and its directors, officers/officials, coaches, employees, agents, volunteers, and sponsors from any liability whatsoever for any injury, loss of life or other loss or damage which may result from my child's participation in any activity of the Trailblazers Athletic Program. I certify that my child is physically able to participate in full contact sports including Trailblazers Athletic Programs. I agree to not allow my child to participate at any time that he or she is not physically capable.</p> <p>I hereby authorize and give my full consent to the Trailblazers to copyright and/or publish any and all photographs, video, and/or film in which I appear or my child appears while participating in activities as a member of Trailblazers, and grant permission for transfer, publication, or use of these images without limitations or reservations.</p>				
Signature of Parent or Guardian		Relationship	Date	