



**Release of Liability**

As the legal parent or guardian, I release and hold harmless NorthEast All Stars, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of NorthEast All Stars, its owners and operators or in route to or from any of said premises.

I've read the above and agree.

**Medical Emergency**

The undersigned gives permission to NorthEast All Stars, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

I've read the above and agree.

**Payment Information**

Tuition is due by the first class/practice of each month. If accounts are paid after the tenth of the month, there will be a \$35.00 late fee applied to the account balance. There is a \$39.00 returned check or declined credit card charge for insufficient funds. There is a \$200.00 Court Fee for all accounts brought to small claims for refusal of payment.

I've read the above and agree.

**Signature**

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I've read the above and agree.

Parent/Guardian Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Payment: \_\_\_\_\_ Cash Check Charge

Welcome Email: \_\_\_\_\_ Entered In Computer: \_\_\_\_\_ Registered Website: \_\_\_\_\_

Medical Card: \_\_\_\_\_ Text Message Group: \_\_\_\_\_ Email Team Group: \_\_\_\_\_

**ALL MONIES GIVEN TO NORTHEAST ALL STARS ARE NON-REFUNDABLE**