

**ATHLETIC PERFECTION
ATHLETE INFORMATION/EMERGENCY CARD**

NAME _____ AGE _____ HOME PHONE _____
PARENT'S CELL _____ BIRTHDAY _____
ADDRESS _____
E-MAIL ADDRESS _____ SCHOOL _____
MOTHER'S NAME _____ FATHER'S NAME _____
EMERGENCY CONTACT _____ PHONE _____
INSURANCE PROVIDER _____ POLICY NUMBER _____

PARENT'S AGREEMENT FORM

My child _____ has my permission to be a part of *Athletic Perfection*.

I recognize and understand that there may be risks of injury to my child as a participant in this program and I agree to accept those risks in allowing my child to participate. I agree to indemnify and hold harmless *Athletic Perfection* and their employees against any and all liability for any injury which may be suffered by my child arising out of or in any way connected with participation in the programs sponsored by *Athletic Perfection*. I also agree to allow *Athletic Perfection* to use my child in pictures for the *Athletic Perfection* website and for future advertising purposes.

My signature indicates that I am aware of and understand how this program will be conducted.

Parent's Signature

Date