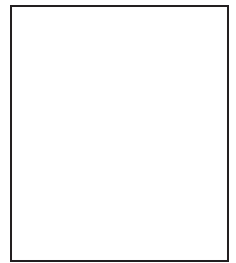# OLYMPIA SPORTS ACADEMY(OSA)

REGISTRATION FORM

PARTICIPANT INFORMATION

Sur Name: _____ Given Name: _____

Gender: ☐ Female ☐ Male   Date of Birth: _____   T-Shirt Size_____

School: _____

Grade attended: _____   Nationality: _____

Home address: _____

City: _____

Country: _____ Telephone: _____

Parent's email: _____

Mother's name: _____ Father's name: _____

Mother's phone number: _____ Father's phone number: _____

_____
Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No ☐ Yes ☐ If so, please specify: _____

PARENT OR GUARDIAN'S SIGNATURE_____DATE _____

I hereby give permission to **Olympia Sports Academy (OSA),** to photograph and/or videotape the athlete for educational or promotional purposes. _____ (Initial)

SELECT SPORTS ACTIVITY
FOOTBALL   ☐
BASKETBALL   ☐
SWIMMING   ☐

PARENT STATEMENT
I hereby state that (child's name)_____is in good mental and physical health condition to participate in the activities provided by **OSA**. I am fully aware that any activity involving motion, height or athletic activity may create a possibility of an injury. I hereby release **OSA, its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **OSA,** including any event sponsored or sanctioned by **OSA,** and or travel to and from such activities.

I understand that **OSA,** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of training, etc.) or becomes involved in any activity or with any persons not associated with **OSA,** or its scheduled program and that **OSA,** has the right to send him/her out of training for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature_____   Date_____