



EMERGENCY INFORMATION & CONTACT FORM FOR STUDENT/ ATHLETE

Participant's

Name: _____
Address: _____
City: _____
State, Zip: _____
Phone: _____

PERSON TO CONTACT IN EMERGENCY

Name: _____
Address: _____
City: _____
State, Zip: _____
Phone: _____

INSURANCE INFORMATION, WAIVER AND RELEASE

This is to certify that I, as parent/legal guardian of the participant named above, agrees to at all times maintain adequate accident/medical insurance to cover the participant and the current policy information is as follows:

ACCIDENT/MEDICAL INSURER _____
POLICY #: _____

RELEASE OF LIABILITY In consideration of Boomer Bonebrake Kicking Academy ("Academy") undertaking instructional and related services to the participant, I, the undersigned OWNER, do agree to hold harmless and release Academy, its owners, agents, employees, officers, coaches and host schools or sites from legal liability due to Academy's ordinary negligence; and I do further agree that except in the event of Academy's gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against Academy as stated above for any loss due to bodily injury, death, sustained by the participant in relation to the operations of Academy.

_____/_____/_____
Parent/Guardian Signature Relationship Date

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St Charles, IL 60175
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