

Date _____

Velocity Sports Performance



**Individual Trial
Registration and Release**

Athlete Name _____ **AGE** _____ **Grade** _____

Address _____ **City** _____ **Zip** _____

Telephone _____ **Birth date** _____

School Athlete Attends _____

Parents Name _____

Telephone _____ **EMAIL** _____

Emergency Contact Name _____ **Telephone** _____

Referred By _____

Release of Liability:

I hereby waive and release for myself and my heirs, any and all rights or claims I may have against Velocity Sports Performance, any school or facility in which Velocity Sports Performance programs are conducted and each of their respective agents, employees, servants, officers, directors, and representatives, for injury or illness arising at the physical location of Velocity Sports Performance in Southlake, TX, or a program site connected with my participation or my son/daughter's participation in Velocity Sports Performance programs. I further agree to identify and hold harmless of each said persons or property, which may arise by virtue of my participation or my child's participation in Velocity Sports Performance.

Athlete Name _____ *Athlete Signature* _____

Responsible Party's Name _____ *Signature* _____
(Please sign here if athlete is under the age of 18)

Relationship to Athlete _____ *Date* _____