

Registration form A-Zone 2010

Real Boise Soccer _____

Explosion training/football _____

Explosion training/soccer _____

Athlete

name _____ Age _____ Grade _____

Birthdate _____ M or F School _____

Parents name _____

Phone _____ 2ndphone _____

e-mail address _____

2nd e-mail address _____

Emergency Contact _____ phone _____

Medical ins. _____ Number _____

Program Agreement:

I certify that participant listed above is physically qualified to participate in The Athletic Zone basketball team and that, I, being said legal guardian, will not hold The Athletic Zone or any of their representatives or coaches liable for any injury sustained during any practice/training or transportation to or from practices or games. I, being said legal guardian, will not hold any Athletic Zone representative or coach liable for seeking or obtaining aid and assistance, including hospitalization, medical aid, or ambulance service, for the participant in the this program who are believed to be injured/hurt.

Guardian Signature: _____ Date _____

Through-out the season, we will have pictures taken of the athletes taken at various points of games, practices and work-outs. Some photos will be chosen to be put on our website www.yourazone.net. Personal info will not be given. The safety of our children is always at the forefront of everything The Athletic Zone does. If a picture of your child is chosen, every effort will be made to verify picture with you before putting on website. Please indicate below if you wish your child to be given the option of having their picture selected for the website.

_____ Yes, The Athletic Zone has my permission to use my child's picture on website. I understand that I have the right to view picture before posting, as above said guardian.

Signature _____ Date _____

_____ No, I prefer to decline picture opportunity at this time.

Either mail this form with payment to: Athletic Zone
8698 W Dulcimer St
Boise, Id 83709

Or bring to first night of camp...