



The Kids & Pros Youth Football Clinic & The Atlanta Silverbacks Youth Soccer Clinic

CLINIC REGISTRATION FORM: April 28, 2012

Ages 7-13 "ONLY" • 9:00a.m. – 2:00p.m. • Lunch will be served

My child would like to attend the following clinic (check one): FOOTBALL (boys only) \_\_\_\_\_ SOCCER (girls only) \_\_\_\_\_

Childs Name \_\_\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Email Address that will be checked often \_\_\_\_\_

Day Time Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

T-Shirt Size (circle one) YL AS AM AL AXL A2XL

MEDICAL CONDITIONS: Has your child had a physical in the last 12 months? (Yes or No) \_\_\_\_\_

- Does your child have Asthma? YES or NO
IF YOU CHECKED YES, YOUR CHILD MUST HAVE AN INHALER AT CAMP FOR THE DURATION OF CAMP. IF A CAMPER DOES NOT HAVE HIS/HER INHALER, HE/SHE WILL NOT BE PERMITTED TO PARTICIPATE IN CAMP, NO EXCEPTIONS.
An Allergy that requires an EPIPEN AS TREATMENT? YES or NO
IF YOU CIRCLED YES, YOUR CHILD MUST HAVE AN EPIPEN AT CAMP FOR THE ENTIRE WEEK.
Other \_\_\_\_\_ Explanation \_\_\_\_\_

Medication Details \_\_\_\_\_ Can the Child Self Administer? YES OR NO

Do you as the parent/legal guardian, give the above child listed permission to self administer medications? YES OR NO

\*By signing below I acknowledge that I have adopted this program. By not signing, my child will not be allowed to participate in the Kids & Pros, Starbucks or Atlanta Silverbacks Clinic(s).

Kids & Pros, Inc. Code of Conduct Policy: It is the policy of Kids & Pros, Inc., Starbucks and The Atlanta Silverbacks to promote the development of strong character, a positive attitude and a sense of responsibility and good citizenship in youngsters. It is the purpose of Kids & Pros, Inc., Starbucks and The Atlanta Silverbacks to achieve this goal through fair play and good sportsmanship with adult leaders providing the example. It is strictly against the policy of Kids & Pros, Inc., Starbucks and The Atlanta Silverbacks for any person, either as a participant, coach or spectator to engage in arguments, to use abusive language, to harass or make any threatening gestures towards referees, coaches, and players or to exhibit any behavior not in concert with the general policy of this statement. Failure to abide by this policy will result in the removal from the camp immediately as well as possible future suspensions for a time and duration to be determined by Kids & Pros, Inc., Starbucks and The Atlanta Silverbacks.

General Release and Waiver: For good and valuable consideration, the sufficiency of which I hereby acknowledge, I, personally and on behalf of my son/daughter and as the parent and/or legal guardian and anyone acting on my behalf, including but not limited to attorneys, representatives, agents, heirs, executors, administrators, assigns, insurers, predecessors, successors or any other person or entity asserting claims through me, agree to release, indemnify, defend and hold harmless: The Kids & Pros, Inc, Starbucks and The Atlanta Silverbacks Companies and all of their respective directors, officers, shareholders, subsidiaries, partners, agents, sponsors, employees, successors, parents, beneficiaries, heirs, executors, administrators, assigns and affiliates thereof (collectively, "Releases"), from and against any and all claims, suits, losses, damages, expenses, costs, and liabilities (including reasonable attorneys' fees and expenses) which hereinafter may accrue or arise against the Releases and which in any way arise out of or are in anyway related to my child's participation in the Kids & Pros, Inc., Starbucks and The Atlanta Silverbacks Youth Football/Soccer Camps, Clinics and/or the Kids & Pros, Inc. "Pros vs. Joes event" (collectively, "the Camps"). The law requires that parental permission be obtained for operative procedures on minors. I herby give permission to Kids & Pros, Inc., Starbucks and The Atlanta Silverbacks to obtain medical services for my child in the case of a medical emergency or injury. However, no operation will be performed without the parents being fully informed. I hereby grant Kids & Pros, Inc., Starbucks and The Atlanta Silverbacks, Bobby Butler and/or Buddy Curry full power to act on my behalf to give consent for medical, surgical, diagnostic, therapeutic, or other physical or mental healthcare procedures or treatment for my son/ward as may be reasonably necessary. I understand and agree that I am responsible for all charges incurred.

I, PERSONALLY AND ON BEHALF OF MY CHILD, ASSUME ANY AND ALL RISK THAT IS IN ANY WAY ASSOCIATED WITH, RELATED TO OR OCCUR'S AS A RESULT OF MY CHILDS PARTICIPATION IN THE CAMPS.

Parent/Legal Guardian Signature

Date