



PRO PERFORMANCE
ATHLETICS

REGISTRATION FORM

Player Information

Name: _____ Date of Birth: _____ Grade: _____
Address: _____ City: _____ Zip: _____
E-Mail Address (will be used to send confirmation): _____
Home Phone:(_____) _____ Cell Phone:(_____) _____
Parent Name(s): _____

Insurance/Medical Information

Insurance Co.: _____ Ins. Co Phone: _____
Policy Holder Name: _____
Medical Information:(i.e.: Allergies, other Health issues) _____

Medical Waiver : I do hereby waive, release and discharge Pro Performance Athletics and respective staff and employees from any and all rights and claims for damages resulting from injuries to my person or property that may be sustained or suffered by me in connection with my association with, in participation in, or arising out of my traveling to or from the Pro Performance Athletics. We, the parents or guardians, agree to the above participation in this program, including emergency and referral services, if necessary. I have read and hereby accept the conditions described in the brochure

Signature: _____

Photo Release: I _____ do hereby authorize Pro Performance Athletics (PPA) and respective staff and employees my permission to use photos or videos in connection with my association with, in participation in the PPA for publicity purposes. We, the parents or guardians, agree to the above participation in this program, I understand and agree that any photograph taken by PPA will become property of PPA . I have read and hereby accept the conditions described in the brochure.

Signature: _____ Date: _____

Please Make Checks payable to:

Pro Performance Athletics
Register on-line at: www.ProPerformanceAthletics