



CCC CRUSH FLAG FOOTBALL REGISTRATION/WAIVER FORM

Player Name _____

Date of Birth _____ Parent/Guardian _____

Player Address _____

Phone _____ Cell _____

Insurance Company _____

E-Mail (required) _____

Division – Circle One

AGES: 6-8 9-10 11-12 13-14 HIGH SCHOOL ADULT A ADULT C (OVER 30)

Team cost: \$720.00 / team 12 Player max per team (10 week session)

*****A \$250.00 Deposit is required at time of registration*****

Team Name: _____

All players are required to have the same color team T-shirt or Jersey

Individual Cost: \$75.00 each player not signing up with a team.

Age Verification – A copy of birth certificate, State ID, or Driver's License must be on file in the office.

A signed liability waiver form must be on file before participating in any activity at the CCC.

ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION • PHOTO RELEASE

ASSUMPTION OF RISK. I recognize that sports can be dangerous and that severe injuries, including paralysis or death can occur in any activity involving height or motion, such activities including but not limited to gymnastics, tumbling, trampoline, fitness activities, dance, cheerleading, soccer and ball sports. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all programs and activities at Classic City Center for Arts and Athletics and its affiliated entities including but not limited to Classic City Gymnastics, Ranger Academy of Excellence, Turning Pointe Dance Academy, Crush Flag Football, PreCeason Baseball, all private instruction and **I ACCEPT ALL RISKS ASSOCIATED WITH SUCH PARTICIPATION.**

WAIVER OF LIABILITY. In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Classic City Center & Affiliates and their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from acts of negligence.

MEDICAL AUTHORIZATION. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Classic City Center and Affiliates and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Classic City Center and Affiliates.

PHOTO RELEASE. I am aware that parents, grandparents, media, employees or other persons may take photos or videos on the Classic City Campus and in consideration for my or my child(ren)'s participation I hereby grant my permission for my or my child's likeness to appear on the internet or in electronic or printed publicity or advertising.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTO RELEASE and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN:

Printed Name: _____ Signature: _____ Date: _____