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## Weekend Fun Registration

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### Weekend Fun Selection

Please select one or more weekend sport game. Please fill out one registration form per child. Please send complete form and payment of check or money-order (payable to: "Royal Athletes") to P.O Box 768 Dumfries, VA 22026

### Ages for Weekend Fun

March 19th: Ages 8-15

April 2nd: Ages 8-15

**Please Select One or More**

Flag Football- Princeton Woods Field-Hour Glass Dr, Dumfries, VA-March 19th, 2016-10AM

Flag Football- Location TBD- April 2nd, 2016- 10AM

### Athlete Information

**Athlete's Name**

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

**Birth Date**

\_\_\_\_\_

Month

\_\_\_\_\_

Day

\_\_\_\_\_

Year

**Age**

\_\_\_\_\_

**Grade**

\_\_\_\_\_

**Gender**

Male

Female

**Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province

\_\_\_\_\_  
Postal / Zip Code

\_\_\_\_\_  
Country

**Cell Number**

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

**Parent/Guardian Information**

**Name**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**Home Number**

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

**Cell Number**

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

**E-mail**

\_\_\_\_\_

**Does the athlete have any allergies, chronic illness, or medical conditions? If yes, please describe.**

\_\_\_\_\_

**Is the athlete prescribed an inhaler? If yes, please explain any instructions.**

\_\_\_\_\_

### **Informed Consent and Acknowledgement**

I hereby give my approval for my child's participation in any and all activities prepared by Royal Athletes during the selected weekend sport activity. In exchange for the acceptance of said child's candidacy by Royal Athletes, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Royal Athletes and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected weekend sport activity

In case of injury to said child, I hereby waive all claims against Royal Athletes including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball, football and soccer. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

### **Medical Release and Authorization**

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is also granted to Royal Athletes and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered session. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

### **Photo Release and Authorization**

I authorize **Royal Athletes** to use photos, and or other likeness' of my child for whom I have legal guardianship for any promotional materials regarding Royal Athletes programs, facilities, or services. Such likeness' will not be sold to other parties. Promotional materials bearing these likenesses may be distributed for free to the public and posted on the Royal Athletes website. Royal Athletes reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent or legal guardian

**Please choose one**

Yes, I agree with the Photo Authorization

No, I do not agree with the Photo Authorization

**Please sign**

**Parent/Guardian's Full  
Name**

\_\_\_\_\_

**Please sign Athlete's Full  
Name**

\_\_\_\_\_