



2016 Summer Sport Camp Registration

Summer Sport Camp Selection

Please select one or more sport camp. If you will be registering more than one child please select the Family Discount to receive \$5 dollars off each camp. Please fill out one registration form per child. Send complete registration form and payment of check or money-order (payable to "Royal Athletes") to PO Box 768 Dumfries, VA 22026

Sport Camps Sessions

Football Camp Session One- \$125

Football Camp Session Two- \$125

Football Camp Session Three-\$125

Soccer Camp Session One-\$125

Soccer Camp Session Two-\$125

Sport Camps Sessions w/ Family Discount

Football Camp Session One/ FAMILY Discount- \$120

Football Camp Session Two/ FAMILY Discount- \$120

Football Camp Session Three/ FAMILY Discount- \$120

Soccer Camp Session One/FAMILY Discount- \$120

Soccer Camp Session Two/ FAMILY Discount- \$120

**Total Payment (Please add
total amount for camps
and enter amount on check
or money order)**

Athlete's Information

Athlete's Name

First Name

Last Name

Age

Birthdate

(MM/DD/YYYY)

Grade

Gender

Male

Female

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 camp. 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 camp sessions.

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 select one

Yes, I agree to Royal Athletes Photograph Authorization

No, I do not agree to Royal Athletes Photograph Authorization.

Please sign

Parent/Guardians Full

Name

Please sign Athlete's Full

Name
