



Weekend Fun Registration

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

Please Select One or More

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

\$10-Flag Football- Graham Park Middle School-3613 Graham Park Rd. Triangle, VA 22172 April 2nd, 2016- 10AM-12PM

\$10-Flag Football- Prince William Academy-3480 Commission Ct., Lake Ridge, VA 22192- April 16th- 10AM-12PM- AGES 5-13

\$10-Soccer Fun- Prince William Academy-3480 Commission Ct., Lake Ridge, VA 22192- April 23rd- 10AM-12PM- AGES 5-13

\$10-Kickball- Prince William Academy-3480 Commission Ct., Lake Ridge, VA 22192- April 23rd- 10AM-12PM- AGES 5-13

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**
