



2010 Elite Training Academy

Players Name: _____

Address: _____

Parent Contact:: _____ **Parent's E-Mail:** _____

Contact Number: _____

Current Grade: _____ **School:** _____

Emergency Contact: _____

Emergency Phone: _____

I, undersigned parent of _____, herby acknowledge and agree to release Bound 4 Glory, Duez Henderson, Jason Price, all gym facilities, all sponsors, employees, medical trainers and consultants, fully harmless from any injury, claim, legal fees, or damage which may occur to my child as a participating member of Bound 4 Glory Basketball Training. I acknowledge that I have read this hold harmless/release of liability form and I fully understand the contents. I give my child permission to participate in the Bound 4 Glory Basketball Skills Clinic.

MEDICAL INFORMATION

Insurance Company: _____

Insurance Number: _____

Any Known Medical Conditions/Allergies? (YES) (NO)

If yes, please Explain:

In the case of accident or illness, I herby give permission that my child be given emergency treatment. In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operation and treatment or all related care that may be ordered at the physician and or dentist in attendance at the medical center deemed necessary for emergency treatment. I herby consent to the release of medical reports to any doctor, dentist, or agency and consent to the admission of the above named minor person to the hospital.

Parent/Legal Guardian: _____ **Date:** _____

Please make check payable to: "Bound 4 Glory Sports"

Mail to: **BOUND 4 Glory Sports**

P.O. Box 144

North Liberty, Iowa 52317

www.bound4glorysports.com