9913 – 214th STREET WEST
LAKEVILLE, MN 55044

REGISTRATION FORM

Interested in:
- Baseball ☐
- Basketball ☐
- Football ☐
- Lacrosse ☐
- Soccer ☐
- Softball ☐
- Volleyball ☐
- Wrestling ☐

Participant(s) First Name:	Participant(s) Last Name:	Sex:	Date of Birth: (m/d/yy)
		M ☐ F ☐	
		M ☐ F ☐	
		M ☐ F ☐	
		M ☐ F ☐	

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Parent's First Name:	Parent's Last Name:	Email:

Home Phone:	Work Phone:	Cell Phone:	Fax:

Emergency Contact: (other than parent)	Home Phone:	Work Phone:	Cell Phone:

Doctor's Name/Clinic:	Work Phone:	Special Condition:

Cancellation Notice

All cancellations must be received within 24 hours before scheduled lesson or that lesson will be forfeited. Saints Sports Academy is not responsible for player absentees due to illness, weather or anything beyond our control, and is not accountable for make-ups associated with such absentees.

Severe Weather

In the case of bad weather, the academy will close when local schools close. Listen to your local radio or television station to receive this information. When in doubt, please call Saints Sports Academy before you come to a lesson. Saints Sports Academy will reschedule all lessons on severe weather closing days.

Authorization for Treatment

My child had a physical recently and may participate in all activities of the Saints Sports Academy Clinic. In the event of injury, I authorize any necessary medical treatment for my child by a qualified athletic trainer, emergency medical technician, licensed physician, or other medical personnel.

Release and Waiver of Liability

I understand it is incumbent on me as a participant, member, parent or guardian of a child or youth participating in any St. Paul Saints Sports Academies LLC DBA Saints Sports Academy (SSA) instructional program or event, to do so in a manner, which will not be a threat to the safety of myself or others. I have voluntarily applied for registration in the SSA program. I am aware that baseball, softball, basketball, soccer, lacrosse, volleyball, wrestling, aikido, track and field, weight training, explosive training, football and related activities are hazardous activities and hereby agree to accept any and all risk of injury and or death. In the event of injury or death to myself or any member of my family at any SSA sponsored program or event, including baseball, softball, basketball, soccer, lacrosse, volleyball, wrestling, aikido, track and field, weight training, explosive training, football and related activities. I hereby agree that neither I nor my heirs, guardians, family members, legal representatives or assigns will sue, make a claim against, attach property of, or prosecute SSA, its officers, director, employee, agent, or contractor of SSA as a result of my participation and do hereby release and forever discharge SSA, its officers, directors, employees and agents from any actions, claims, or demands we now have or may hereafter have for any injury or damage resulting from our participation in any SSA sponsored activity. I also understand a $25.00 fee will be charged by SSA and paid by me to SSA for any check returned unpaid by my bank, for any reason. By signing my name I acknowledge and understand all of the information given to me in this form.

Parent/ Guardian Signature: _____

Insurance Company& Policy #: _____