



Lee Taft Speed Academy, Inc.
 Youth Registration Form
 Please sign and complete the form below.

Personal Information

Applicants Name		Parent/Guardian	
Address	City	State	Zip
Home Phone #	Alternative Phone #	Athlete Email Address	
Height	Weight	Parent Email Address	
Date of Birth	Sex	Dominate Side	
Grade	School	Sport(s)	

In case of emergency, contact: (name & phone #)

Health Information

Physician's Name	Physician's Phone #
Injury (if any)	Date Injury Occurred

If injured, please explain:

Status of Injury:

If surgery, name of surgeon:	Surgeon's Phone #
If rehab, name of therapist:	Therapist's Phone #

Any other injuries?

Medical Information

Do you have any medical problems?	Y N	Have you ever had mononucleosis?	Y N
Do you have allergies?	Y N	Do you have any vision problems?	Y N
Have you ever had surgery?	Y N	Do you have diabetes?	Y N
Do you take medication?	Y N	Do you have asthma?	Y N
Have you ever been not allowed to participate in sports?	Y N	Do you use any special equipment (pads, brace, etc.)?	Y N
Have you ever passed out during or after exercise?	Y N	Any other medical conditions not listed?	
Have you ever been dizzy during or after exercise?	Y N		
Have you ever had high blood pressure?	Y N		
Do you have chest pains during or after exercise?	Y N		
Have you ever had a seizure?	Y N		
Do you have a heart murmur?	Y N		
Do you have a family history of heart problems?	Y N		
Do you have problems breathing or coughing during or after exercise?	Y N		

Please explain all YES answers from the previous page:

Photo Waiver

I give permission for my child's photo to be used in any promotional material, such as a brochure, website or newspaper advertisement, only for the purpose of promoting Lee Taft Speed Academy, Inc. and/or Sports Speed, Etc., Inc. I give permission for my child to be video taped for the purpose of testing my child's athletic abilities. My child's video tape may be used to promote Lee Taft Speed Academy, Inc. and/or Sports Speed Etc., Inc. or teaching coaches and/or fitness professionals athletic movement.

Parent/Guardian Signature _____ Date: _____

How Did You Here About Us

Please let us know how you heard about Lee Taft Speed Academy: (please check one)

- Newspaper
- Radio
- Internet
- Other
- Referral

Referred by: _____



Waiver of Liability

**PARTICIPANTS WAIVER/RELEASE
(READ BEFORE SIGNING)**

I, _____, understand that participation in Lee Taft Speed Academy, Inc. speed training program is inherently vigorous and involves numerous physical demands which may include, but not limited to jumping, running, weightlifting and conditioning and other exercises. However, I feel the possible benefits to myself are greater than the risk assumed.

In consideration for being allowed to participate in any way in Lee Taft Speed Academy, Inc. programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1). The risk of injury from the activities involved in this program is significant, including potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce risk of serious injury does exist; and,

2). I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and,

3). I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official or trainer immediately; and,

4). I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Lee Taft Speed Academy, Inc., their officers, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers and applicable owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, TO THE FULLEST EXTENT PERMITTED BY LAW, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Please Sign Below

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child involvement or participation in these programs as provided, above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent/Guardian Signature _____ Date: _____

Emergency Phone Number(_____) _____