



**ELITE STARS Athletics VOLUNTEER Registration Form**

**VOLUNTEER INFORMATION:**

Volunteer's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) Work/Cell ( \_\_\_\_\_ )

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**EMERGENCY INFORMATION:**

Mother: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICAL INFORMATION:**

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Previous health conditions/issues (if any): \_\_\_\_\_

History of concussions? \_\_\_\_\_

Assistance required (please state specifics): \_\_\_\_\_

**APPEARANCE RELEASE:** I hereby consent and agree that the person above name, face, image, and likeness, as shown in photographs, videos, and electronic media, may be taken and may be used in any form by ELITE STARS for lawful promotional and advertising purposes, free and clear of any claim on my part.

**CONSENT & INSURANCE & WAIVER & INDEMNITY & EMERGENCY**

As Parent/Guardian of the above-identified volunteer, or as the volunteer myself, I hereby consent to the participation in the ELITE STARS program. I am fully aware of the risks and hazards associated with the sports chosen, including the risk that the volunteer may suffer catastrophic injury, paralysis, or even death, and I voluntarily assume all such risks. I confirm that the volunteer is covered by proper Health, Medical, and/or Accident insurance, which I consider adequate for both the volunteers protection and my own protection. In consideration of the volunteer being allowed to participate in the ELITE STARS program(s), I, intending to be legally bound, on behalf of myself, the volunteer, the volunteer's other parent(s)/guardian(s), and our successors and assigns (collectively "my family"), hereby waive and release any and all right and/or claim for damages which my family may have against ELITE STARS program(s) and facilities (Gymkhana, Cheer Illinois Athletics, Hoffman Estates Park District, Academy of Athletic Advancement and additional sites as used by the program) or its officers, directors, employees, volunteers, and agents, for any and all losses, injuries, and/or damages that may be sustained and/or suffered by my family in connection with our association with the ELITE STARS program. I further agree, on behalf of my family, to defend, indemnify, and hold ELITE STARS harmless from and against all claims, liabilities, costs, and expenses (including attorney's fees) for such losses, injuries, and/or damages. I hereby give my permission for Emergency Medical Treatment of the athlete by a qualified and licensed Medical Doctor if, after a reasonable effort has been made, I cannot first be contacted. I agree to comply with this waiver and the other policies and procedures as endorsed by the ELITE STARS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_