

North Florida All-Star Series

PARENT CONSENT FORM (REQUIRED TO PARTICIPATE)

Athlete's Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Relationship _____

Home Phone () _____ Cell Phone () _____

Business Phone () _____ Email _____

List any allergies: _____

List any existing medical conditions and or injuries:

Having been informed of the invitation extended my child to participate in the **NORTH FLORIDA ALL-STAR SERIES**, I, the parent/legal guardian of the above-named athlete, do hereby give my approval to his or her participation in the All-Star Games and any and all of the activities scheduled during her time at the All Star site(s). I do assume all risks and hazards incidental to the conduct of the activities; and I do further release absolve, indemnify and hold harmless North Florida All-Stars, LLC, the Host Schools and associated Practice Facilities, the Organizers, the Sponsors, the Supervisors, or the Volunteers and/or all of them. In case of injury to my child, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to or from activities.

I have read and agree to the conditions as stated above:

Signed: _____ Date: _____

(Parent or Guardian)

Signed: _____ Date: _____

(All-Star Athlete's Signature)

Insurance Company _____ Policy Number _____

Group number _____

Insurance Company Phone Number _____

BRING THIS FORM FILLED OUT ON FIRST DAY OF PRACTICE OR SCAN AND EMAIL WITH OTHER DOCUMENTS (SEE PLAYER/COACH CHECK LIST)

ATTACH COPY OF INSURANCE CARD