

Please Return this Portion Only
(please print or type)

Name _____ Phone() _____ - _____

Address _____ City _____

State _____ Zip _____

Age _____ School _____

Parents Name _____

Option (please circle): 1 2 Time: _____ Grade Level _____

T-shirt size _____ (Adult S-M-L-XL or Youth S-M-L)

Parent or Guardian Authorization

I/we being the parent or legal guardian

of _____ (Participants name) do hereby release and discharge any instructors where instruction is occurring, from any and all debts, claims, actions, damages, judgements or suits of any kind which may arise as a result of any participation during instruction. I/We hereby agree to have and indemnify and keep harmless the instructors where instruction is occurring against any and all liability, claims, judgements, or demands for damages arising as a result of any course instruction given the participant.

I/We being the parent or legal guardian authorize any instructor permission to request emergency medical treatment (of which I will be financially responsible), or care as necessary to insure the well being of our dependant. Further, I claim that the registrant is in good physical condition and physically able to participate.

Health Plan (name) _____ ID# _____

Parent/Guardian Signature _____

Make checks out to : Beals Sports Academy
send to: Grant Beals 6709 E. 1800th Ave., Shumway, IL 62461