

Athlete Information and Waiver

Athlete's Information

Name:	Sex:	_Grade:	DOB:	/	/
Address:	City:		Zip:		_
Athlete Phone:	Athlete Email:				
How did you hear about Com	plete Athlete?				
School:	Sport(s):				
Team(s) association (if any):					
Are there any restrictions or injuri	es we should know about?	Yes □	No□		
If yes, please explain:					
Parent/Guardian Information	n (if under 18 <u>)</u>				
Parent/Guardian: (Mom)	(Dad)	(Other)			
Address:	City:		Zip:		
Phone: (Mom)	(Dad)		_ (Home)		
Email:	Mom□ Dad	I□ Family□			
	Parental Consent and Lia	bility Waiver			
I/we, the parents/guardians of the minor named i/we understand that participation in this action discharge and agree to indemnify and hold had in any way connected with the minor's particing Complete Athlete/Hayekrest, LLC. or anyone at to indemnify and hold them harmless for all s	vity is purely voluntary and comes wi rmless Complete Athlete/Hayekrest, pation in this activity or use of Comp acting on their behalf be required to i	th certain inherer LLC. for any and a lete Athlete/Haye	nt risks. I/we here all claims, demane krest, LLC's equip	by voluntar ds, or causes oment or fac	ily release, forever s of action, which an cilities. Should
I/we the parents/guardians of the minor nam to seek or administer emergency first aid or m activities of Complete Athlete. In the event or arrange for the minor listed above to be treat conduct of the activities at Complete Athlete.	nedical attention requested for the sa f an emergency and I/we cannot be ru ed at the nearest hospital for emerge	fety or well-being eached, I hereby a ency care. I/we as	g of my/our child authorize Comple ssume all the risk:	while particete Athlete/Fis and hazard	ipating in all the Hayekrest, LLC. to Is incidental to the
Signed:	Date	e:			
I hereby authorize Complete Athlete to photo Youth Performance Training Program.	graph/video my child,		during their time	participating	; in the current
Signed:	Das	to:			