XL Sports Acceleration Program
Participant Registration Form

Please Print Date: _____

Name _____
FIRST MI LAST

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Alternate Daytime Phone_____

Birthdate___/___/_____ Age___ Sex M__ F__ Email_____

Family Dr: _____

Parent/Gaurdian: _____

CONSENT TO TREAT

This is to certify that on this date, I _____, as a parent or guardian of _____, give my consent to XL SPORTS PROGRAM representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in the XL SPORTS PROGRAM.

If said athlete is covered by any insurance company, please complete the following:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed: _____
(Parent/Guardian)

Relationship to Athlete: _____

Home Address: _____

Phone: (____)_____ Date: _____

Also, in consideration for being allowed to participate in the XL Sports Acceleration Program, I agree to assume the risk of such performance enhancement exercises, and further agree to hold harmless the XL Sports Acceleration Program, it's staff members and affiliates who sponsor the program from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the XL Sports Acceleration Program.

- I authorize you to give me reasonable and proper medical care by today's standards.
- I authorize XL Sports Acceleration Program to release any medical information necessary to process my claim.
- I understand that I am responsible for any balance due on my account.

Signature of Participant_____Date_____
Print name of Participant_____
Signature of Parent /Guardian _____Date_____
Print Name of Parent/Guardian_____