



OVERTIMEGRIND

Participant Registration Form

If the participant is under the age of 18 this Registration Form must be completed by a parent/guardian.

PLAYER'S NAME: _____

PLAYER'S DATE OF BIRTH: ____/____/____ GRADE: _____

SCHOOL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOME TELEPHONE # _____

PLAYER'S EMAIL: _____

PLAYER'S CELL PHONE #: _____

PARENT/GUARDIAN'S NAME(S): _____

PARENT/GUARDIAN'S EMAIL(S): _____

PARENT/GUARDIAN'S CELL PHONE # _____

ALTERNATE CONTACT # _____

EMERGENCY CONTACT INFORMATION

In case of emergency, I _____ give permission to OVERTIME GRIND staff and/or it's approved affiliates, to seek medical treatment or help in the transport of my child to a medical facility.

EMERGENCY CONTACT'S NAME(S): _____

EMERGENCY CONTACT'S TELEPHONE # _____

INSURANCE CARRIER'S NAME: _____

INSURANCE ID #: _____ INSURANCE GROUP # _____

LIABILITY WAIVER AND RELEASE

Player or Release of Liability and Indemnification Agreement, Overtime Grind LLC.

- To the best of my knowledge, my child/ren is/are in good physical condition and fully able to participate in any Overtime Grind, LLC. Sponsored activities. I am fully aware of the risks and hazards connected with the participation.

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of Overtime Grind, LLC. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify Overtime Grind, LLC, its affiliates, officers, agents and employees, from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required in the course of the program.

- I give OTG staff and Trainers to record workout sessions to review player evaluation, while monitoring progress. (Videos may also be used on social media for promotional use as well.)

Parent/Guardian: I understand and agree to this waiver.

Signature: _____ **Date:** _____

Print Name: _____ **Date:** _____