

# Scotlandville Sports Academy

*It Takes A Village To Raise A Child*

## REGISTRATION FORM

The Scotlandville Sports Academy is a non-profit community organization determined to enhance the lives of at risk youth in the Baton Rouge community through structured athletics and educational activities.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Emergency Number \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female \_\_\_\_\_

Name of School \_\_\_\_\_ Grade in School \_\_\_\_\_

Email Address \_\_\_\_\_

In return for my child (the "Student Athlete") being allowed to participate in the Scotlandville Sports Academy programs (the "Academy"), I release and agree not to sue the Scotlandville Sports Academy, its coaches, volunteers, sponsors, and affiliates from all present and future claims that may be made by the Student Athlete or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Student Athlete's participation in the Academy and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Academy, even if caused by their ordinary negligence. I understand that participation in the Academy involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing the Student Athlete to participate in the Academy with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Student Athlete is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the football to be played in the Academy. Permission is granted for the Student Athlete to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of the Student Athlete's participation in the Academy and all related activities. I agree to let the parties use the Student Athlete's name and likeness free of charge in any manner and for any purpose without compensation to the Student Athlete or me. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Louisiana and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I am the parent or legal guardian of the Student Athlete. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

I represent that I am a parent/legal guardian of the child named above and I agree that the terms of this release are binding on the child and me. I also hereby acknowledge that I have read and understand the Academy's Membership Policies.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_