

# ACADEMY REGISTRATION- Please print neatly

(This form is used for *teams* or *individuals* who are participating in any Clinic or Academy)

NAME OF ACADEMY OR CLINIC: \_\_\_\_\_

TEAM NAME (when applicable): \_\_\_\_\_

AGE GROUP: \_\_9U \_\_10U \_\_11U \_\_12U \_\_13U \_\_14U \_\_15U \_\_16U \_\_17U other \_\_\_\_\_

COACH OR MANAGER'S NAME (when applicable): \_\_\_\_\_

INDIVIDUAL PARTICIPANT NAME (individual only): \_\_\_\_\_

PHONE: (Please provide **2** numbers) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGE \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_ SCHOOL \_\_\_\_\_

EMERGENCY CONTACT: (Name & Phone) \_\_\_\_\_

T-SHIRT SIZE: (When applicable) (Adult Sizes, circle one)      S      M      L      XL

ROSTER: FIRST NAME/ MALE/FEMALE (*Team only*) **JERSEY SIZE NEXT TO EACH NAME**

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

NO refunds after 5 days of application agreement. There is a \$25 bounced check fee. All Players are responsible for their own insurance. **DISCLAIMER:** I hereby authorize the staff of "The Orange Planet" to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release "The Orange Planet" from any and all liability for any injuries or illnesses incurred while traveling to or from facility, participating at the facility or property. I/we agree to pay for all costs, present and future, through my/our medical insurance policy and/or personal finances. I have no knowledge of any physical impairment that would affect the player's participation, named to the above, in the league, tournament or camp as outlined on The Orange Planet website or brochure. I further agree that, upon request, I will furnish The Orange Planet with a valid birth certificate for the above named participant(s). I also understand that "The Orange Planet" has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand and accept the academy/camp/clinic fees and refund policy. I verify that I have provided accurate and valid information on this form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Legal Guardian if below age 21)

Health Plan (Name): \_\_\_\_\_ ID # \_\_\_\_\_