



INDIVIDUAL PLAYER FORM

REGISTRATION FORM

This form must be turned in prior to camp

First Name: _____

Last Name: _____

Date of Birth: ____/____/____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

E-mail: _____

Roommate Request (if applicable): _____

For Team Camp Only:

Team Name: _____

Team Coach: _____

For Day Camp Only:

Lunch Package: Yes No

T-shirt Size: Youth S M L

Adult S M L XL XXL

I will be attending:

Camp Name: _____

Camp Dates: _____

Payment Option:

Please enclose a full tuition payment or deposit with this application.
Make checks payable to:

Family First Sports Park Corp.
8155 Oliver Road Erie, PA 16509
1-888-846-7275 or fax (814) 866-8066

*All credit cards are subject to a \$3.00 transaction fee

Amount Enclosed or Charged: _____

Cash Credit Check #: _____

Visa® MasterCard® American Express® Discover®

Name of Cardholder: _____

Signature: _____

Account #: _____

Expir. Date: ____/____/____

Payment included with Team payment (Team Camp only.)

ATHLETE CODE OF CONDUCT

I hereby agree to abide by the rules of conduct as set forth by the Family First Sports Park Corp. camp and its staff during the 2006 summer camp session(s). I agree to abstain from the use of alcoholic beverages, use of drugs and smoking of any kind. I further agree to abide by curfew regulations as established by the staff and not to absent myself from my group at any time. I fully understand my failure to abide by these and other regulations could result in my being expelled from the camp and sent home. I agree I will not be entitled to any monetary refund for those days following my expulsion.

Player's Signature: _____

Date: _____

Waiver of Liability, Indemnity Agreement and Assumption of Risk

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, and services of the Family First Sports Park Corp. (hereafter referred to as FFSP) I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge and covenant not to sue FFSP, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from both ordinary and gross negligence of FFSP or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in FFSP activities including, but not limited to, organized activities, classes, observation, and individual use of the facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to HOLD HARMLESS AND INDEMNIFY FFSP from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of my involvement at FFSP. I further agree to pay all costs and attorney's fees incurred by FFSP in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that FFSP is not responsible for injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted, by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Erie County, Pennsylvania.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Pennsylvania.

Player Signature

Date

Parent/Guardian/Spouse Signature

Date

Assumption of Risks

Physical activity, but its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. FFSP has facilities for and provides for activities such as weight lifting, walking, jogging and running, aerobic activities, racquetball, basketball and soccer. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities at FFSP. I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries, which may occur as a result of activities made possible by FFSP. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgement of Understanding: I have read this assumption of risk and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify to complete assumption of the inherent risks of participating in or observing recreational activities at FFSP to the greatest extent allowed by law in the State of Pennsylvania.

Player Signature

Date

Parent/Guardian/Spouse Signature

Date



MEDICAL TREATMENT FORM

AUTHORIZATION FORM

(To be completed by parent or legal guardian)

Camper Name: _____ Team Name: _____

Address: _____ Male Female Date of Birth: ____ / ____ / ____

City/State/Zip: _____ Social Security Number: _____

PARENT OR GUARDIAN

Name: _____ Wk Phone: _____

H Phone: _____ Relationship to Camper: _____

INSURANCE INFORMATION

Insurance Company Name: _____ Agreement Number: _____

Address: _____ Policy Holder Name: _____

Policy Number: _____ Relationship to Camper: _____

EMERGENCY PHONE NUMBERS

Relative/Neighbor: _____ H Phone: _____ Wk Phone: _____

Relative/Neighbor: _____ H Phone: _____ Wk Phone: _____

MEDICAL HISTORY OF CAMPER

- 1. Any current medical problems? Yes No
- 2. Had any recent injury requiring medical attention? Yes No
- 3. Currently taking any medication (or have taken med recently)? Yes No
- 4. Had any severe head or neck injuries? Yes No
- 5. Had any chronic illness (epilepsy, diabetes, heart disease, etc.)? Yes No
- 6. Had any major surgical operations? Yes No
- 7. Any allergies or adverse drug reactions? Yes No
- 8. Any restrictions on activities? Yes No

Must be cleared by a Physician to participate.

Please explain any yes answers _____

Date of Last Tetanus Immunization: ____ / ____ / ____ Name of Family Physician: _____

I acknowledge that this child is in good health and can participate in all activities without restriction (unless indicated above).

Signature of Parent or Legal Guardian

PARENT OR GUARDIAN

In the event of any illness or injury to my child, I give the attending physician permission to administer treatment while continuing to contact the parent guardian or designated individual

Signature of Parent or Legal Guardian

Date