



B.A.S.E. TRAINING

www.BaseTAthletics.com | (704) 771-5040 | Z.DudaB.a.s.e@gmail.com

Training Session Sign Up

Coach: Zach Duda

Player Information

Name: _____

Allergies: _____

Physical Limitations/Medical Conditions: _____

Parent Information

Name: _____

Address: _____

Phone: (cell) _____ (home) _____

Email: _____

Waiver

I understand, by the nature of the activity, that there is a possibility of an accident, and I assume the risk and responsibility while my child attends the training sessions. I hold harmless B.A.S.E. Training and/or its representatives, as well as the host facility/school and its representatives, for any injury that my child may sustain during participation in the training sessions. I also forfeit legal action or compensation claims against B.A.S.E. Training and/or its representatives, or against the host facility/school and/or its representatives, for injuries my child may sustain. I, as parent/guardian of a minor student, consent to emergency care to be administered to the minor as deemed necessary by the involved physician and/or hospital which is to administer the required treatment of the emergency condition. I also understand that all incurred costs are my personal responsibility, and that B.A.S.E. Training and the host facility/school and coaches do not have medical insurance coverage for injuries to the minor as a student participant.

Parent/Guardian Name

Parent/Guardian Signature