



# **B.A.S.E. TRAINING**

www.BaseTAthletics.com | (704) 877-9844 | NBucyBase@gmail.com

## **Training Session Sign Up**

**Coach: Noah Bucy**

### **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