



**SUPREME COURT ATHLETICS
ATHLETIC REGISTRATION FORM**

PLAYER INFORMATION

PLEASE PRINT

PLAYER'S NAME _____ DATE OF BIRTH _____ AGE _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS _____ PHONE () _____
(NO.) (STREET) (CITY) (ZIP)

FATHER'S NAME _____ PHONE () _____

MOTHER'S NAME _____ PHONE () _____

MOTHER'S EMAIL _____ FATHER'S EMAIL _____

SCHOOL _____ GRADE _____ MALE FEMALE

CERTIFICATION OF PHYSICAL EXAMINATION

(VALIDATES PARTICIPANTS FOR THE CURRENT SCHOOL YEAR, JUNE 1-MAY 31 AND MUST BE DATED AFTER JUNE 1)

I certify that my child has a current physical examination on file and can provide a copy upon request.

Parent's Signature: _____ Date: _____

< OR >

I certify that I have on this date examined this applicant and that, on the basis of the examination and on the applicant's medical history as furnished to me by the applicant's parent(s)/legal guardian(s), I have found no reason that would make it medically inadvisable for this applicant to compete in athletic activities.

Physician's Signature: _____ Date of examination: _____

Physician's Telephone: _____ Physician's Address: _____

AUTHORIZATION FOR MEDICAL TREATMENT OF PLAYER

I/We, the parent(s)/legal guardian(s) of the above named applicant (hereinafter "applicant"), hereby give permission, consent and authorization to Supreme Court Athletics (hereinafter "SCA") to provide medical care including, but not limited to the delivery of first aid care to applicant. I/we further give permission and authorize SCA to act on my/our behalf or on the behalf of applicant to seek medical treatment in the case of illness or accident from the closest and most appropriate medical practitioner or hospital available and to arrange necessary related medical transportation. I/we agree to pay any expenses incurred. I/we understand that SCA will make reasonable efforts to contact me/us in the case that professional medical attention will become necessary.

AUTHORIZATION TO PHOTOGRAPH AND PUBLICIZE PLAYER AND RELEASE

I/We give permission and authorize SCA to disseminate information describing applicant including but not limited to name, relevant statistical information, award information, team membership, and team schedules to various media outlets in the community, including but not limited to newspapers, radio and television stations, as well as over the Internet for inclusion in various relevant websites. I/we further give permission and authorize SCA to photograph or otherwise electronically or digitally record applicant's image for publication in printed or electronic form, and for applicant's image to be seen and disseminated to the general public in any media form, including, but not limited to SCA newsletters, posters, displays, films, videos, or websites, and other relevant media outlets.

In consideration of applicant's participation in a SCA program, and wishing to promote and benefit this non-profit cause, I/we hereby indemnify, release and hold harmless SCA, and any of its related entities, corporate or otherwise, their employees, representatives, successors and assigns, from any and all liability for claims that I/we or applicant may have or claim for privacy, invasion of privacy, libel, payment of royalties for use of the above-described photograph, video or electronic image, as well as claims for damages or other relief in law or equity.

STATEMENT OF VALIDITY OF INFORMATION PROVIDED, RELEASE, IDEMNIFICATION AND WAIVER OF LIABILITY

I/we state that all of the information contained in this application is accurate, complete and true, to the best of my/our knowledge. This application has my/our approval, and I/we agree to abide by the rules and decisions of SCA. I/we understand that all activities have certain risks and could result in injury. I/we specifically waive and relinquish all claims that I/we or the applicant might have. I/we fully release, discharge and agree to indemnify, hold harmless and defend SCA, any of their related entities, corporate or otherwise, their employees, representatives, successors and assigns from any and all liability for claims and demands resulting from harm, bodily injury, loss of life or property, damages and losses sustained by me/us or applicant that may occur as a result of my/our or applicant's participation in any activity associated with SCA for which permission has been granted to participate.

I/we have read and fully understand the contents of this entire document and consent to the provisions contained herein.

IN WITNESS WHEREOF, I set my hand hereto as of the date set forth below:

Signature of Parent/ Legal Guardian of Player

Date

Print Name

Signature of Parent/ Legal Guardian of Player

Date

Print Name

(Note: Where player has two parents/legal guardians, both must sign application or participation may be denied).

PARENT'S PLEDGE

I/We do hereby pledge to the best of my/our ability as a SCA parent(s) the following: to place the physical and emotional well-being of my/our child above any personal desire to win; to treat my/our child as an individual remembering that each child is a gift from God; to remember that as a parent the game is for my/our child; to portray the image of Christ in all that I/we do and say with my/our child; to support a drug, alcohol and tobacco-free sports environment for my/our child and agree to assist by refraining from their use at all SCA events; to require my/our child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability, to encourage good sportsmanship and fair play by demonstrating positive support for my/our child, all players, coaches and officials at every game, practice or other SCA events; and to provide a fun-filled, enjoyable and positive experience for all.

I/We also pledge to pay in full the monthly dues prior to the 3rd of each month. Any payment received after the 3rd will have an additional \$25 added to the total. This new amount needs to be paid in full by the 15th of the month or your child will be unable to participate in any activity.

Any violation of the parent's pledge may be just cause for my suspension from SCA.

Signature of Parent/ Legal Guardian of Player

Date

Signature of Parent/ Legal Guardian of Player

Date

SUPREME COURT (SC) RELEASE, INDEMNIFICATION, AND WAIVER OF LIABILITY

I understand that all activities have certain risks and could result in injury. I hereby assume these risks on behalf of my son/daughter and specifically waive and relinquish all claims that I or my son/daughter may have.

I fully release, discharge and agree to indemnify, hold harmless and defend SC, any of their related entities, corporate or otherwise, their employees, representatives, successors and assigns from any and all liability for claims and demands resulting from harm, bodily injury, loss of life or property, damages and losses sustained by me or my son/daughter that may occur as a result of my son's/daughter's participation in any activity associated with SC.

I have read and fully understand the contents of this entire document. I understand this document applies to all activities or events SC participates in.

I, the undersigned parent or legal guardian of _____ executes this document on behalf of the minor named above. I hereby bind the minor, myself, and all other assignees to the terms of this document.

Parent/Legal Guardian's Name (Printed)

Date

Parent/ Legal Guardian's Signature

Date

PUBLICITY AND PHOTO RELEASE FORM

I hereby grant to Supreme Court (SC) the absolute and irrevocable right and unrestricted permission, as indicated below, to use and publish all photographic, video, and digital images of my child (children) for any purpose consistent with SC's mission. These include, but are not limited to, videos, publications, advertisements, news releases, Web sites, internet promotions, digital images, and any promotional or educational materials in any medium. I agree that SC has complete ownership of such material and I will not receive any compensation for the use of such images, video, likeness, etc of my child (children).

PHOTO/IMAGE ONLY OF MY CHILD (CHILDREN)

PHOTO/IMAGE AND NAME OF MY CHILD (CHILDREN)

I hereby release and discharge SC, and its agents, representatives, and assignees from any and all claims and demands arising out of or in connection with the use of any name, likeness, image, voice and/or appearance, including, but not limited to claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

This agreement shall be governed by the laws of the State of California, excluding its Conflict of Laws provisions, and venue for any disputes shall be in the state and federal courts in San Diego County. This agreement can only be modified in writing and with the consent of both parties.

I represent that I am over the age of eighteen (18) years and have read and fully understand this agreement. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Child's Name (Printed): _____

Child's Name (Printed): _____

I hereby certify that I am the parent or legal guardian of

_____, named above, and do hereby give my consent as checked above to the foregoing on behalf of my child (children).

Parent/Legal Guardian's Name (Printed)

Date

Parent/ Legal Guardian's Signature

Date
