2020 BreakAway Speed Summer Camps

Participant's Last Name: _____ **First Name:** _____ **Birth Date** ___/___/____ **Age** _____ **Gender: M / F**

Guardian Last Name: _____ **First Name:** _____ **Email:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: ( ) _____ **Work Phone: ( )**_____ **Cell Phone: ( )**_____

Emergency Contact Name: _____ **Emergency Contact Phone: ( )** _____

CAMPS	TIME	DATES	DAILY CAMP	CAMP 3-Days
Football Skills (Ages 10-14)	**9:00 AM-11:30 AM**	**10-Aug** ☐ **11-Aug** ☐ **12-Aug** ☐	**$80.00**	**$195.00**
Volleyball - Beginner (Ages 9-12)	**5:00 PM-7:00 PM**	**3-Aug** ☐ **4-Aug** ☐ **5-Aug** ☐ **6-Aug** ☐	**$60.00**	**$200.00**
Volleyball - Advanced (Ages 10-14)	**7:00 PM-9:00 PM**	**3-Aug** ☐ **4-Aug** ☐ **5-Aug** ☐ **6-Aug** ☐	**$60.00**	**$200.00**
Volleyball - Advanced (Ages 11-16)	**6:00 PM-8:00 PM**	**10-Aug** ☐ **11-Aug** ☐ **12-Aug** ☐ **13-Aug** ☐	**$60.00**	**$200.00**

Parents: Please read and sign the Medical Consent and Release of Liability below to complete registration.

We have asked to participate in the above-described activity of BreakAway Speed Sports Training. By signing below, we agree to the following on behalf of ourselves and all others claiming by, through or under us: **1. Rules**. We agree to abide by the BreakAway Speed Sports Training rules and policies for this activity.

2. Inspection and Acceptance. BreakAway Speed Sports Training has allowed us to inspect the area, facilities, conditions and equipment for the activity.

3. Release. With respect to any claims for injury to either of use (including any injury causing death) and any claims for loss of, or damage to property, we agree to the following: (1) BreakAway Speed Sports Training shall not be liable or responsible for any of these claims; and (2) we release BreakAway Speed Sports Training from any responsibility or liability for these claims and agree not to sue BreakAway Speed Training on any of these claims. We understand that the word "claims" includes all of the following that have arisen, or may arise later, in connection with the activity, whether known or unknown: claims, demands, causes of action, losses, costs, liabilities and related expenses, including those involving the joint or sole negligence of BreakAway Speed Sports Training, those involving the negligence of ourselves or others and those which arise otherwise. (The word "BreakAway Speed Sports Training" as used in this document includes BreakAway Speed Sports Training as an entity as well as its officers, agents, employees, receivers, representatives, contractors, sponsors, committees, organizers, volunteers and all others acting on its behalf).

Initial _____. I the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other Treatments that maybe deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge BreakAway Speed Sports Training from any and all liability resulting in injury associated with participant's parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. BreakAway Speed Sports Training will not provide health and/or accident insurance for program participants. As the undersigned parent/guardian, I understand that no confirmations will be mailed and no refunds will be given. **Initial** _____.

◊ Drop off or mail completed registration form to: BreakAway Speed 8715 West Loop South, Suite E Houston,TX 77096 ◊

◊ For more information, please call: BreakAway Speed Sports Training 713-432-7333◊

Payment Amount: _____ Charge My: AMEX _____ VISA _____ MASTERCARD _____ DISCOVER _____

Card Number: _____ Exp. Date: _____/ ____ Security Code: _____

Name on Card (PLEASE PRINT): _____ Cardholder Signature: _____