

2012 ALL*STARZ WINTER SOFTBALL CLINIC

PLEASE PRINT CLEARLY!!!!

NAME: _____

GRADE: _____ **POSITION(S):** _____

TELEPHONE (BEST ONE TO BE REACHED AT): _____

ADDRESS: _____

EMAIL ADDRESS: (BEST ONE TO BE REACHED AT): _____

**All*Starz Professional
Softball & Baseball Instruction, LLC.
Waiver Form**

FOR CAMPS, CLINICS, PERSONAL INSTRUCTION, STRENGTH & CONDITIONING

Parent Or Guardian Must Sign:

As parent or legal guardian of the above applicant/participant;
In enrolling at any program of instruction conducted by All*Starz Professional Softball and Baseball Instruction, LLC (hereinafter referred to as "All*Starz") at Paramus Catholic High School, the participant understands that he/she is utilizing the facilities at Paramus Catholic High School, and does so at his/her own risk. All*Starz and its owners, as well as Paramus Catholic High School employees or agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by the participant and/or his/her family members resulting from the participation in any program(s) of instruction conducted by All*Starz at Paramus Catholic High School. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, he/she does hereby fully and forever release discharged hold harmless All*Starz, Paramus Catholic High School, all associated instructors and its owners, employees, and agents from and against any and all claims, demands, damages or rights of action, present or future, resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to strictly abide the rules of conduct and play established by All*Starz. Failure to do so may result in suspension from participation. I, the undersigned parent or guardian of the participant, do hereby represent that the above applicant/participant is qualified, in good health and in proper physical condition to participate in activities organized by All* Starz. I authorize All*Starz to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence, and to request medical treatment as necessary to ensure the well-being of the participant without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue operations.

Printed Name of Parent or Guardian

Date

Signature of Parent or Guardian

