



## **305 SPORTS REGISTRATION FORM**

Child Name: \_\_\_\_\_ Location (Park): \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Child Cell: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Plays in school: \_\_\_\_\_

Uniform Size (top): \_\_\_\_\_ Additional practice dry-fit shirt (\$20): \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent Email (CLEAR): \_\_\_\_\_

Address: \_\_\_\_\_

### **CREDIT CARD AUTHORIZATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Card type: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ EXP Date: \_\_\_\_\_

Last 3: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I authorize 305 Sports to auto deduct months fees from the credit card listed above. I understand I am not on contract. I understand I must give ten (10) day notice to change payment type. I understand NO refunds once one (1) practice has been conducted. We are not responsible for missed practices due to weather & holidays! A \$35.00 late fee will be applied within three (3) days if monthly membership fee is declined.**

#### **Terms and Conditions**

**Cancellation Policy: A written cancellation request must be sent via text message or email prior to billing day (1<sup>st</sup> of every month) to the contact information below to stop auto deduction. If cancellation policy is not followed no refunds will be provided. I understand all stated terms and conditions, if I fail to comply with the cancellation policy, I will not dispute any charges from 305 Sports.**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Tel: 305-316-2704

[info@305youthsports.com](mailto:info@305youthsports.com)

**305 SPORTS LLC MINOR WAIVER RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**

IN CONSIDERATION OF \_\_\_\_\_, my child/ward being allowed to  
(Name of Minor Child/Participant)

Participate in any way in the 305 SPORTS LLC related events and activity, the undersigned acknowledges, appreciate, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward’s participation; and,
3. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward’s readiness for participation and bring such attention to the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS 305 SPORTS LLC; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY,DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward’s involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child’s/ward, and on behalf of my/our heirs, assigns, personal representative and next of kin. HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my child’s/ward involvement or participation in these programs, EVEN IF ARISING FROM NEGLIGENCE, to the fullest extent permitted by law.
6. I understand all pictures taken of my child by 305 Sports, may be used for marketing purposes.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to the rules and regulations and accept them as a participant.

PARTICIPANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

This signed waiver/release should be kept on file by the sports organization for at least seven (7) years or possibly longer if the player has been involved in a serious injury.