



Yearly Waiver & Release of Liability Form

****You only need to fill out one form per year. It is your responsibility to update with changes throughout the year.****

Year Registering: _____

Athlete Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____ Age: _____

Parents Name: _____

Contact Numbers (1): _____

Contact Numbers (2): _____

Contact E-Mail (for camp confirmations): _____

Emergency Contact: _____

Emergency Contact Phone: _____

Known Allergies/Health Issues/Medications: _____

Physician's Name & Number: _____

Insurance Company & Policy #: _____

I certify that my child has no injuries or illnesses that would limit their participation in a 5 Star Athletics Program. I authorize 5 Star Athletics staff to act for my child according to their best judgment in any emergency requiring medical attention. I hereby waive and release 5 Star Athletics from any and all liability for any injury or illness incurred while participating. My child has medical coverage and I will be responsible for any expenses resulting from injury, illness, or accident incurred during the program. I grant authority to the first aid and CPR certified trainer on site to provide necessary and reasonable medical attention to my child. **I understand that this form is good for the calendar year stated above for any 5 Star Athletics Program. I understand that it is my responsibility to update this form if changes occur.**

Parent/Guardian Signature _____ Date _____

*****This release form is good for the calendar year stated above for any 5 Star Athletics Program. It is your responsibility to update this form if changes occur.*****

Please mail to: 5 Star Athletics, 29605 Thrasher Court, Mechanicsville, MD 20659

www.5starathletics.com (301) 440-3907