

ACADEMY REGISTRATION_ Individual

(This form is used for *individuals* who are participating in any Clinic or Academy)

NAME OF ACADEMY OR CLINIC: _____

AGE GROUP: __9U __10U __11U __12U __13U __14U __15U __16U __17U other_____

INDIVIDUAL PARTICIPANT NAME: _____

PHONE: (Please provide **2** numbers) _____

ADDRESS: _____ AGE _____

CITY: _____ STATE: _____ ZIP _____

EMAIL: _____

EMERGENCY CONTACT: (Name & Phone) _____

T-SHIRT/Jersey SIZE: (When applicable) (Adult Sizes, circle one) S M L XL

NO refunds after application agreement is signed. There is a \$25 bounced check fee. All Players are responsible for their own insurance. **DISCLAIMER:** I hereby authorize the staff of "The Orange Planet" to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release "The Orange Planet" from any and all liability for any injuries or illnesses incurred while traveling to or from facility, participating at the facility or property. I/we agree to pay for all costs, present and future, through my/our medical insurance policy and/or personal finances. I have no knowledge of any physical impairment that would affect the player's participation, named to the above, in the league, tournament or camp as outlined on The Orange Planet website or brochure. I further agree that, upon request, I will furnish The Orange Planet with a valid birth certificate for the above named participant(s). I also understand that "The Orange Planet" has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand and accept the academy/camp/clinic fees and refund policy. I verify that I have provided accurate and valid information on this form.

Signed: _____ Date: _____
(Parent or Legal Guardian if below age 21)

Health Plan (Name): _____ ID # _____

The Orange Planet/document 01.01.08

Mailing Address: The Orange Planet PO Box 57282 Des Moines, IA 50317