

7127 N. PINE ISLAND ROAD TAMARAC, FL 33321 954.746.KIDS WWW.ALLSPORTSKIDS.COM

ALL SPORTS SATURDAY NIGHTS OUT

THE AIMS OF THE PROGRAM IS TO KEEP KIDS ACTIVE BOTH PHYSICALLY & MENTALLY THROUGH INSTRUCTIONAL SPORTS ACTIVITIES.

NAME OF CHILD(REN)	AGE(S)	_D.O.B
ADDRESS	_CITY	_ZIP
MOTHER/GUARDIAN	DAY PHONE #	
FATHER/GUARDIAN	DAY PHONE #	
MOTHER EMAIL	FATHER EMAIL	

\$25 per child, percentage off each additional family member.

\$20 for the first 20 min late, each additional 30min after is an additional \$20.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

All Sports Pine Island LLC (All Sports) has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending All Sports could <u>increase</u> your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending All Sports and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at All Sports may result from the actions, omissions, or negligence of myself and others, including, but not limited to, All Sports employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at All Sports or participation in All Sports programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless All Sports, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of All Sports, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any All Sports program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian



PICK UP LIST

FOR YOUR CHILD'S SAFETY, HE OR SHE WILL ONLY BE RELEASED TO A PARENT OR OTHER PERSONS LISTED ON THIS PICK UP FORM. **NO EXCEPTIONS WILL BE MADE.**

Anyone removing a child from All Sports will be asked to show I.D. such as a Florida driver's license. Permanent changes or additions to this list must be made in person and only by the registering parent or parents. You may add as many name as you wish to this form.

NOTE: PLEASE PICK A PASSWORD YOU WILL REMEMBER TO BE USED FOR THE PURPOSE OF PHONE IDENTIFICATION (DO NOT GIVE OUT YOUR PASSWORD, IT IS NOT CONSIDERED A FORM OF I.D. OR FOR THE PURPOSE OF PICK UP. IT IS STRICTLY FOR ALL SPORTS TO IDENTIFY A CHILD'S PARENT ON THE PHONE.)

PASSWORD: _____



RELEASE OF LIABILITY

CHILD(REN)'S FULL NAME_

SCHOOL CHILD(REN) ATTEND:_

In consideration of (child's name)______, my minor child/ ward being allowed to participate in all ways in the All Sports program related to events activities, clinics, field trips, practices, competitions and classes the undersigned acknowledges appreciates and agrees that:

I understand by taking part in this or any sports I dance I cheerleading program there is a possibility of injury or sickness to my daughter/son therefore with this knowledge I give permission for my child to participate fully in all the programs at All Sports and due hereby grant authorization of treatment to my child should she/ he become injured or ill.

I for myself, my spouse, my child, agree to hold harmless All Sports of Pine Islands LLC, All Sports (DBA), All Sports Kids, JLP Education and Athletics Inc, their respective officers, directors, employees, agents, contractors, subsidiaries, affiliates, and parent companies for any injury occurred as a result of my child's participation in the All Sports programs, even if it shown that they are negligent.

For myself, my spouse and child I knowingly and freely assume all risk both known and unknown, even if arising from the negligence or the releases or others, and assume full responsibility for my child's participation.

I willingly agree to comply with the programs stated and customary terms and conditions for participation. If I observe any unusual significant concerns in my child's readiness for participation and I or in the program itself I will remove my child from participation and bring such to the attention of the director immediately.

I give All Sports the right to film, photograph, or video tape my child for any reproductions associated or in any way connected with said television or film event in particular reproduction for use in any form of advertisement for All Sports promotional purpose.

I have read this release of liability and assumption of risk agreement, and fully understand its terms and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without an inducement.

MY CHILD(REN)

	DOES	DOES NOT		
	(pleas	e circle one)		
HAVE PERMISSION TO BE TRANSPORTED BY ALL SPORT'S ON FIELD TRIPS AND/OR FOR AFTER SCHOOL PICK UP.				
PARENT/GUARDIAN				
HEALTH INSURANCE CO. NAME		POL	CY #	
SIGNATURE OF PARENT/GUARD	IAN		DATE	



MEDICAL RELEASE FORM

Child's Name	Home Phone #	D.O.I	B	M F		
Address	City	State	Zip			
Mother/Guardian	Day Phone #	Ce	ell#			
Father/Guardian	Day Phone #	Ce	ell#			
Addt'l Emergency Contact	Day Phone #	Ce	#			
Date of Last Physical Exam	_ Do You Carry Family Medi	cal/Hospital Insuran	nce? Yes	No		
Carrier	Policy*	Gr	roup #			
HEALTH HISTORY Check and give appropriate dat	tes when applicable.					
Measles Chicken Pox	Frequent Ear Infecti	ons He	eart Defect/Dise	ease		
Bleeding/Clotting disorder Diabetes	Convulsions	A:	sthma (on Inhal	er?)		
ALLERGIES Check all that apply						
Penicillin Insect stings	Poison Ivy	Hay fever				
Food Allergies (list foods)						
Other (please describe)						
Immunization Record required if child is not registered in a Broward County Public School						
Broward County School Imm	unization Records Provided	d				
MEDICAL INFORMATION						
Operations or Serious Injuries						
Chronic or Recurring Illness or Medical Condition	n(s)					
Dietary Restrictions						
Current Medication(s)						

RELEASE This statement must be signed for attendance. This health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities as noted.

PARENT AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

In the event of any extreme medical situation, as deemed necessary by the Owner and/or Director, paramedics or medical personnel will be notified immediately to escalate medical attention for the child. All efforts will be made to notify the parents or guardians. HOSPITAL INSURANCE

- 1. Upon immediate need for medical attention for your child, the undersigned gives consent to any x-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to (child's name) upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act.
- 2. All Sports will not be held responsible for any medical expenses due to an emergency
- 3. The undersigned further authorized All Sports to have_____(child's name) released into the custody of its representative, should hospital care no longer be required.
- 4. The undersigned further authorizes All Sports staff and/or director to perform CPR/First Aid on (child's name) in the event of an emergency.

MEDICAL AUTHORIZATION FOR (CHILD'S NAME)

SIGNATURE OF PARENT/GUARDIAN

DATE