



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.



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.

CHILD(REN) NAME(S): _____

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

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: _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



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
(please 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 _____ POLICY # _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



MEDICAL RELEASE FORM

Child's Name _____ Home Phone # _____ D.O.B. _____ M F
Address _____ City _____ State _____ Zip _____
Mother/Guardian _____ Day Phone # _____ Cell# _____
Father/Guardian _____ Day Phone # _____ Cell# _____
Addtl Emergency Contact _____ Day Phone # _____ Cell# _____
Date of Last Physical Exam _____ Do You Carry Family Medical/Hospital Insurance? Yes No
Carrier _____ Policy* _____ Group # _____

HEALTH HISTORY Check and give appropriate dates when applicable.

Measles _____ Chicken Pox _____ Frequent Ear Infections _____ Heart Defect/Disease _____
Bleeding/Clotting disorder _____ Diabetes _____ Convulsions _____ Asthma (on Inhaler?) _____

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 _____ Immunization Records Provided _____

MEDICAL INFORMATION

Operations or Serious Injuries _____
Chronic or Recurring Illness or Medical Condition(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 _____