

Niggebrugge's

Be Your Best Academy.com

Program Name/# : _____

Players Name: _____

Parents Names: _____

Parents Email: _____

Sex: _____ Playing Age: _____ Shirt (adult sizes): S, M, L, XL, 2XL

Address: _____

Phone:(Hm) _____ (Cell) _____ (Wk) _____

How did you hear about BBA? Friend Website Brochure Coach Return Player

*Name of Friend: _____

Method of Payment: Cash Check# _____

**Make Checks Payable & Mail to: B.B.A.
112 Honora Drive
Bear DE 19701**

Medical Information Form

Contact Person: _____

Phone #: _____

Physician's Name: _____

Phone #: _____

Medical/Accident Insurance Company: _____

Policy Number: _____

Allergies: _____

We should be aware of _____

My son/daughter has my permission to attend Be Your Best Academy. In the event of illness or injury, I hereby grant my consent for medical treatment and other injections, anesthesia or surgery. I will be responsible for any medical or other charges in connection with my child's attendance in the program. Applying for acceptance to this program, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims for damages I may have against the Be Your Best Academy, its representatives, for any and all damages which may be sustained by my child in association with this program and which may arise out of my child's traveling to, participation in, or returning from the site/program. I also understand Be Your Best Academy retains the right to use photographs taken of players at the Be Your Best Academy for publicity and advertising purposes.

Date _____ Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature _____