

Potential

www.potentialsportsacademy.com

Please fill out and return to the address below.

Enclose a non-refundable \$100.00 deposit / or pay the full amount if program is less than \$100.00

(Full payment is due at the first day of the program)

Write below the program your child will be attending

Player Information

First Name				Last Name		
Address						
City			State	Zip		
Rising Grade	Age	DOB	School			
Home Phone						

Parent / Guardian Information

First Name				Last Name		
Employer			Email Address			
Home Phone			Cell Phone			

Parental Consent Form

This completed form will enable health facilities in Greenville and Potential staff to provide good care to your son or daughter.

All areas of this form must be completed prior to player's participation.

Camper's Name	SS#	DOB
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If yes, please describe:

_____ No _____ Yes Allergic reactions (drugs, food, etc.) _____

_____ No _____ Yes Currently taking medications _____

In Case of Emergency

Contact Name				Contact Phone		
Insurance Provider	Policy #			Policy Holder Name		

I, _____, Parent or Legal Guardian of _____, hereby agrees and consents to his/her participation during the program as indicated above. I hereby release Potential Inc, employees, volunteers, sponsoring agencies, school and administration from any and all claims for damages for personal injury, disease or death which occurs as a result of participation in the Potential Sports Academy.

Signed	Date
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Mail To: Potential Sports Academy - 130 Arrowhead Ct - Greenville, SC 29605