

VISITING TEAM - APPLICATION

Crenshaw Athletic Club - Team
 5000 Fairview Drive Austin, Tx 78731 512-453-551 Phone 512-452-7875 Fax 512-452-7875

Parent Information:

Parent(s) Last _____
 Mom First _____ Dad First _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Emergency Name _____ Phone _____
 Coach's Name _____
 Team Name _____

1st Child
 Last Name _____ First _____
 Sex _____ Birthdate ____/____/____ Age Now _____

Special Information Concerning Child (Any medical limitation?): _____

2nd Child
 Last Name _____ First _____
 Sex _____ Birthdate ____/____/____ Age Now _____

Special Information Concerning Child (Any medical limitation?): _____

Please Read and Sign:
 All precautions will be taken to prevent injuries. Simple first aid will be administered to all minor injuries and parents and/or doctors will be called when necessary. However, in the event that Crenshaws must make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Crenshaws to take my child to Dr. _____ Phone _____ or _____ Hospital. In return for the use, today and on all future dates, of the property, facilities and services (the "Facilities") of Crenshaw Athletic Club ("Crenshaws"), the undersigned, for himself/herself, and on behalf of his/her children, heirs, assigns, and legal representatives, hereby expressly agrees to:

- (1) **ASSUME ANY AND ALL RISKS TO HIMSELF AND HERSELF AND/OR MY/OUR CHILDREN INVOLVED IN OR ARISING FROM OR MY USE OR MY CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, INCLUDING, WITHOUT LIMITATION, THE RISK OF BODILY INJURY, PROPERTY DAMAGES OR DEATH. I/WE HEREBY AFFIRM THAT I/WE UNDERSTAND THE INHERENT HAZARDS OF ACCIDENTAL INJURY IN CONNECTION WITH ACTIVITIES OR BEING ON THE FACILITIES. I/WE UNDERSTAND THAT ANY ACTIVITY WHICH INVOLVES HEIGHT, MOTION OR WATER CREATES THE POSSIBILITY OF ACCIDENTAL INJURY. I/WE ARE FULLY AWARE OF AND APPRECIATE THE RISK OF CATASTROPHIC INJURY, PARALYSIS, AND EVEN DEATH AS WELL AS OTHER DAMAGES AND LOSSES ASSOCIATED WITH THE PARTICIPATION AT CRENSHAW'S AND/OR BEING ON THE FACILITIES.**
- (2) **RELEASE CRENSHAW'S AND ALL OF ITS SUCCESSORS, ASSIGNS, SUBSIDIARIES, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS FROM, AND AGREE NOT TO SUE THEM ON ACCOUNT OF OR IN CONNECTION WITH ANY CLAIMS, CAUSES OF ACTION, INJURIES, DAMAGES, COSTS OR EXPENSES ARISING OUT OF MY/OUR OR MY/OUR CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, INCLUDING, WITHOUT LIMITATION, THOSE BASED ON DEATH, BODILY INJURY OR PROPERTY DAMAGES; WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF CRENSHAW'S, OF ITS AGENTS, EMPLOYEES, OR SERVANTS, WHETHER PAID OR VOLUNTEERS.**
- (3) **INDEMNIFY, HOLD HARMLESS, AND DEFEND, AT MY/OUR OWN COST, CRENSHAW'S, ITS AGENTS, EMPLOYEES AND SERVANTS FROM ANY AND ALL LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH IN ANY WAY ARISES FROM MY/OUR OR MY/OUR CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, IRRESPECTIVE OR WHETHER SUCH LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES WERE ACTUALLY OR ALLEGEDLY CAUSED WHOLLY OR IN PART THROUGH THE NEGLIGENCE OF CRENSHAW'S OR ANY OF ITS AGENTS, EMPLOYEES OR SERVANTS, WHETHER PAID OR VOLUNTEERS.**

I have read and understand this agreement. I also understand a copy of this agreement will be made available for me at my request.

Signature of Parent _____

Date _____