

**Brighten Academy**  
**Registration Form and Medical Release Form**  
School Year: \_\_\_\_\_

Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**Medical Release:**

I hereby permit my child to participate in the Brighten Academy sports program. I understand and fully accept that there are risks involved in sports and that accidents and injuries are common and are ordinary occurrences of sports. I hereby release and hold harmless Brighten Academy, designated coaches, program officials, and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation.

In case of medical emergency, I hereby give permission to Brighten Academy to order treatment for my child. This includes any necessary medical treatment and x-rays. I understand that an attempt will be made to reach me by phone, and I also understand that all related medical costs are my responsibility.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_