



Payment: _____

Type/Amt/Date: _____

Registration/Medical Release Form

I hereby give permission for any and all medical attention necessary to be administered to my child(ren) in the event of accident, injury, sickness, etc., under the direction of the person(s) designated below, until such time as I may be contacted. If the person designated below cannot be contacted, I give permission for treatment of my child as may be required subsequent to a determination made by the appropriate health care professional who is present. This release is effective until revoked, in writing, by me. I also hereby assume responsibility for payment of such treatment. I release Titan TeamSports, the coaches, and any other person involved in Titan TeamSports from all responsibility in the event of an accident or injury. This release includes both practices and games at ALL game/practice locations. I also agree to pay any designated, per participant, registration fees.

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Email: _____

Best Number to TEXT: _____

Child's name: (M or F) _____ Age: _____ Grade: _____ DOB: _____

Child Email: _____ Known Allergies: _____ T-shirt size: _____

Child's name: (M or F) _____ Age: _____ Grade: _____ DOB: _____

Child Email: _____ Known Allergies: _____ T-shirt size: _____

Child's name: (M or F) _____ Age: _____ Grade: _____ DOB: _____

Child Email: _____ Known Allergies: _____ T-shirt size: _____

Dad/Guardian's name _____ Phone(H): _____ (W): _____

(C): _____ Email: _____

Mom/Guardian's name _____ Phone(H): _____ (W): _____

(C): _____ Email: _____

Insurance company: _____ Phone: _____

Insurance policy number: _____ Group number: _____

Name of insured: _____ Relationship to player: _____

Signature (parent): _____ Date: _____

By parent and player initialing here: ____/____ We agree to the terms of Titan TeamSports Code Of Conduct & Parent/Player/Coach's Statement of Commitment.