



# TEAM JAFFREY LIL' SPROUTS KIDS KLUB 2019 REGISTRATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Payment: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Contact Information:

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

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

Little Sprouts must be accompanied by an adult (over the age of 18) at all times.

I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing TEAM Jaffrey and its affiliation from all liability on my and the Participant's behalf, (b) waiving my and the Participants' right to sue TEAM Jaffrey, (c) and assuming all risks of Participant's participation in this Activity, or any events incidental to this Activity. I allow the Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I agree to be bound by the terms of this document.

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

