

Participant Name:	Emergency Contact: (Other than Parent/Guardian)
Date of Birth: (Month/Day/Year)	Relationship to Student:
Street Address:	Cell#:
City: State:	Home#:
Zip:	Insurance Carrier:
Email:	Policy Number:

MEDICAL RELEASE IN CASE OF EMERGENCY

As the parent, custodian and/or legal guardian of the my child registered at the Roundtripper Baseball Academy, I confirm that I have read, understand and agree to the LIABILITY WAIVER below and CONSENT, on my own behalf and on behalf of my child , to participate in all the aspects of the activities described. In the event my child is injured, I authorize healthcare professionals employed or provided by Community Health Network Inc. ("CHN"), **to secure or initiate first aid and /or the medical services of qualified health professionals** and agree to assume all financial obligations connected therewith, if any. I authorize CHN to disclose the personal health information of my child obtained in the evaluation, diagnosis and treatment of injuries incurred while engaging in athletic programs sponsored by Roundtripper, including records related thereto, to EMS personnel or hospital/healthcare professionals deemed reasonably necessary by CHN. I understand that I may revoke this authorization as to CHN at any time in writing, except to the extent action has been taken by CHN in reliance on such authorization, by sending written revocation to Roundtripper. I understand that the information released may be subject to redisclosure by any recipient and no longer protected by federal privacy laws. This authorization is good for one year from the date of signature and must be signed by parent or legal guardian if child is under eighteen (18) years of age. I have received CHN's Notice of Privacy Practices.

Parent/Guardian Signature _____ Date: _____

LIABILITY WAIVER

I understand that RoundTripper Sports Academy is not responsible for any injuries sustained prior to the beginning of classes. I recognize that my child's participation may expose him/her to the risk of injury or harm. I accept this risk and hereby release RoundTripper Sports Academy, its agents and employees from all liability for personal injury, illness, or property damage occurring during instruction or performance, whether or not caused by negligence of RoundTripper Sports Academy, its agents or employees. I certify that my child is in good health and capable of participating in all of the activities and classes. I understand that athletic instruction and/or participation involves kinetic corrections to the body that may involve physically touching the student as part of regular class work or competition. I fully understand that the use of alcohol, tobaccos, illegal drugs and/or demonstration of unacceptable standards of behavior will result in the dismissal of my child from the program with no refund.

Parent/Guardian Signature _____ Date: _____

MEDIA RELEASE

Having consented to the participation of my child in classes, activities, and contests at RoundTripper Sports Academy, I understand that during such participation, my child or my child's class/team may be photographed or videotaped for educational, news, media, and/or promotional purposes. I hereby give RoundTripper Sports Academy permission to release pictures, video and/or other communication that may include me or my child to the media including, but not limited to, newspapers, radio or television coverage of RoundTripper classes and events, and to the use of such images in RoundTripper newsletters, bulletin boards, website and any other internet presence. By signing this Media Release, I represent that I have legal authority over and custody of the participant named herein, and I give RoundTripper permission to use my child's name/likeness as outlined above.

Parent/Guardian Signature _____ Date: _____

CLASS CANCELLATION POLICY

It may occasionally become necessary for RoundTripper to cancel a scheduled class. Classes may be cancelled due to severe weather, instructor illness, lack of substitute instructor availability, conflict with the schedule of RoundTripper Commitments, or other unforeseen reasons. Notice will be given as far in advance as possible. Cancelled classes will normally not be rescheduled. Students who wish to make up cancelled classes are welcome and encouraged to do so, by taking a makeup class at the same level or one level lower than the student's regular class. Please notify the office if you intend to take a class to make up for a cancelled class.

Parent/Guardian Signature _____ Date: _____

REFUND POLICY

Once a student/team is enrolled, all fees are due and payable, and is non-refundable, with the following exceptions:

1. Students whose classes are cancelled for insufficient enrollment will be given their choice of a pro-rated account credit or tuition refund.

2. Students who withdraw for medical reasons with physician documentation will be given their choice of a pro- rated account credit or tuition refund.

3. Tournament Teams will be given 25% refund if no games are started, otherwise, there are no refunds

Parent/Guardian Signature _____ Date: _____