



#250 Leo Bass Ave, Petit Valley, Trinidad
Contact: 1-868-788-2323
Email: spartanstto@gmail.com

Last Name _____ First Name _____

Mailing Address: _____

Home Phone: _____ E Mail Address: _____

Emergency Contact Person: _____ Emergency Phone _____

M ___ F ___ Birth Date: _____ Age _____ Height _____

Parent's Name: _____ Cell Phone _____

State any known allergies or ailments: _____

The undersigned, who hereby represents that he/she is the natural parent (or legal guardian) of

_____, hereby consent to said minor (child's) participation in programs or activities of Spartans TT. In exchange for the Spartans' allowing said minor to participate in programs and/or activities the undersigned, hereby assume all risks and hazards incidental to the conduct of this said activity whether because of negligence, action or inaction by Spartans TT or its staff, volunteers or agents during games, practices and/or transportation to and from those events. The undersigned expressly acknowledges that he/she releases the Spartans' and its staff, volunteers, and agents of any cosponsoring agency from all liability for any injury, loss or damage connected any way whatsoever to participation in Spartans' activities whether on or off the Spartans 'premises. The undersigned acknowledges that participation in any activity involves risk of contact between participants. I, the undersigned, acknowledge that I have read and am voluntarily signing this authorization and release.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PICTURE: _____

BIRTH CERTIFICATE: _____

Payments: Registration Fee: _____ Term Fees: _____

