



Newport Sports Academy

Waiver

Applicant Information

Player's name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Player/ Parent Cell: _____ Email _____

DOB: _____ Age: _____ Height: _____ Grade: _____ Male: _____ Female: _____

Parent 1
Full Name: _____ Relationship: _____
Email: _____ Phone: _____
Address: _____

Parent 2
Name: _____ Relationship: _____
Email: _____ Phone: _____
Address: _____

Emergency
Contact: _____ Relationship: _____
Email: _____ Phone: _____
Address: _____

Health issues/
Allergies: _____

School

School Name: _____

Disclaimer and Signature

My child (named above) has my permission to participate in NSA ("Newport Sports Academy"). By allowing my child to participate with NSA, I understand that there are associated costs that I will be responsible to pay. Sign-up fees are due at the time of sign-up, and uniform cost must be paid before the uniform is ordered. Waiver and Release: I hereby indemnify, defend, and hold harmless NSA and its owners, officers, agents, volunteers, and employees ("Organization") from any and all claims arising out of injury, accidents, or illness to my child (named above) while participating in any clinics, tryouts, training, practices, tournaments, organization events and activities ("Organization Activities"). I authorize the Organization to act for me according to their best judgment in any emergency or other situations related to the activities requiring medical attention or discipline. My signature below constitutes consent to the applicability of the two preceding paragraphs for the duration of my child's participation with NSA.

Signature: _____ Date: _____