



[www.elitelevelsportsacademy.com](http://www.elitelevelsportsacademy.com) / 801-972-2829  
2100 W. Alexander St. Suite A / West Valley City, UT 84119

## Training Registration Form

Please make sure you fill out this form completely, front and back, and that it is legible. Players may not begin training until all forms are signed and returned to ELSA. All checks are to be made out to ELSA.

Questions, please contact Denise Swope 801.560.9242 / [thebaseballmom@msn.com](mailto:thebaseballmom@msn.com)

Team Name \_\_\_\_\_ Position \_\_\_\_\_

Player First Name \_\_\_\_\_ Player Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Player Sex:  Male  Female      Player Lives With:  Father  Mother  Both

Father/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Second Email Address \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Second Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Player \_\_\_\_\_ Medical Condition \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

continued on back

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Office Only

Payment Type \_\_\_\_\_ Payment Date \_\_\_\_\_

Payment Amount \_\_\_\_\_ Scholarship \_\_\_\_\_

Phenom Member \_\_\_\_\_

## Training Registration Form

As a condition of my child's participation at the ELSA, and in consideration for the privileges that come from participation in that training which may include instruction, use of facilities, equipment and other services provided by ELSA, I hereby agree for myself and/or for my minor child as follows:

1. I recognize that the ELSA will involve various activities that may include but are not limited to instruction, conditioning, practices and training.
2. I recognize that there are certain risks of harm to me and others associated with me/my child's participation in the ELSA activities and that there are dangers that cannot be foreseen, and risks that ELSA and its agents and employees cannot control, and that such risks and dangers could result in bodily injury or death to me/my child and/or others.
3. I understand that some of the dangers and inherent risks to me/my child in playing or practicing to play in any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all bones, joints, ligaments, muscles, tendon, and other parts of the muscular/skeletal system, and serious injury or impairment to other aspects of my/my child's body and general health and well-being. I further understand that there are risks associated with travel and that I/my child could incur some or all of these injuries during travel to and from ELSA.
4. I acknowledge that the ELSA has strongly recommended to me that I/my child seek medical advice concerning my/my child's physical health, conditioning, and abilities, prior to engaging in any training activities. I further acknowledge that I do not /my child does not have any medical conditions that would affect my/my child's fitness to participate in training activities.
5. I agree that if any injury or emergency should occur during training activities with respect to myself/my child, the ELSA staff is authorized to take whatever steps are reasonable necessary in their judgment to attend to my/my child's medical needs. I agree to be responsible for any hospital expenses, doctor bills, or other expenses that may be incurred to attend to my/my child's medical needs.
6. I represent that I have/my child has adequate health insurance to cover the cost of treatment in the event of any injury that I incur/my child incurs during the participation at the ELSA.
7. I agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damages which may be incurred by me/my child or which may be made by others and that result in part from my/my child's participation in training activities and/or while engaged in training activities.
8. I agree to indemnify and hold harmless ELSA, their agents and employees, any team facility and location, their agents and employees, and all other agents or employees otherwise associated with the training activities, from any loss liability, damage or costs, including court costs and attorney fees, that they may incur due to my/my child's participation at the ELSA, whether caused by me/my child's negligence, the negligence of others and/or by the negligence of ELSA.
9. I understand that my/my child's participation fee or travel fee (if paid) is totally **non-refundable** should I/my child no longer be able to participate in training activities due to health conditions, behavioral conditions, or any other reason that ELSA deems suitable in prohibiting the return and participation in training activities; or if I/my child is no longer participating on an ELSA team due to health conditions, behavioral conditions, vacating position on team either by resignation or removal, or any other reason ELSA deems suitable in prohibiting the return and participation in team activities.
10. I understand the ELSA retains the right to use all photos, training film, website and all other sources of media of me/my child for publicity and advertising purposes.

In signing this release, I acknowledge and represent that I have carefully read the foregoing, that I understand it, and that I sign it voluntarily as my own free act and deed. No one has made any oral representation, statements, or inducements in order to get me to sign this document. I have had the opportunity to consult with my own legal counsel before signing this document. I am signing this agreement on behalf of a minor participant. I acknowledge that I am the parent/guardian of the participant who is less than 18 years of age and that I understand the terms of this agreement. This agreement shall be binding upon the participant and the participant's parents, guardians, and personal representatives.

Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_