



ELITE STARS Athletics
c/o Pat D'Avolio

1331 Colwyn Drive, Schaumburg, IL 60194
Program Information: gymnastics@elitestars.org

CONSENT INFORMATION

I _____ give ELITE STARS Athletics permission for my child _____

TO:

- Be transported during the camp dates of July 12-16, 2017.
- Photo consent
- To be administered medication throughout the camp.
- Athlete can administer medication on his/her own.
- Dosage _____ Time of day _____

I understand that if I do not comply with the established guidelines and appropriate code of behavior I will be dismissed from camp with no refund.

Athlete's Signature

I understand that if my athlete does not comply with the established guidelines and appropriate code of behavior he/she will be dismissed from camp with no refund.

Parent/Guardian Signature
If the athlete is under 18 years of age

Date

I am participating in the ELITE Stars Camp at Gymkhana Gymnastics, Academy of Athletic Advancement & Hoffman Estates Ice Arena of my own free will and in no way is the Gymkhana Gymnastics/Hoffman Estates Ice Arena and/or ELITE Stars and its coaching staff responsible for injury or loss of items, stolen property or bodily harm caused by participation. ELITE Stars Camp is a separate entity from Gymkhana/Hoffman Estates Ice Arena and holds its own insurance.

APPEARANCE RELEASE: *I hereby consent and agree that my child's name, face, image, and likeness, as shown in photographs, videos, and electronic media, may be taken and may be used in any form by ELITE STARS for lawful promotional and advertising purposes, free and clear of any claim on my part.*

CONSENT & INSURANCE & WAIVER & INDEMNITY & EMERGENCY & PAYMENT

As Parent/Guardian of the above-identified athlete, or as the athlete myself, I hereby consent to the athlete's participation in the ELITE STARS program. I am fully aware of the risks and hazards associated with the sports chosen, including the risk that the athlete may suffer catastrophic injury, paralysis, or even death, and I voluntarily assume all such risks. I confirm that the athlete is covered by proper Health, Medical, and/or Accident insurance, which I consider adequate for both the athlete's protection and my own protection. In consideration of the athlete being allowed to participate in the ELITE STARS program(s), I, intending to be legally bound, on behalf of myself, the athlete, the athlete's other parent(s)/guardian(s), and our successors and assigns (collectively "my family"), hereby waive and release any and all right and/or claim for damages which my family may have against ELITE STARS program(s) and facilities (Gymkhana, Hoffman Estates Park District, Academy of Athletic Advancement and additional sites as used by the program) or its officers, directors, employees, volunteers, and agents, for any and all losses, injuries, and/or damages that may be sustained and/or suffered by my family in connection with our association with the ELITE STARS program. I give permission to transport for training and events. I further agree, on behalf of my family, to defend, indemnify, and hold ELITE STARS harmless from and against all claims, liabilities, costs, and expenses (including attorney's fees) for such losses, injuries, and/or damages. I hereby give my permission for Emergency Medical Treatment of the athlete by a qualified and licensed Medical Doctor if, after a reasonable effort has been made, I cannot first be contacted. I agree to comply with the ELITE STARS Payment Policy and the other policies and procedures as endorsed by the ELITE STARS.

Signature: _____ Date: _____

Parent/Guardian Name (please print): _____