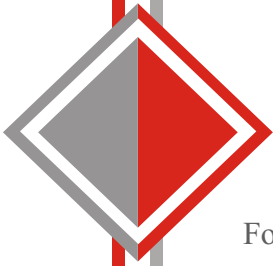


POLAR BALL®
Throwing & Catching Skills



*Coordination &
Agility Training*



ENROLLMENT FORM

One form per participant. Both sides must be completed. Please print clearly.

For program starting on: _____ Program Cost: \$ _____

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Alt. Phone (Cell, Pager, Voice Mail) _____

School: _____

Age: _____ Birth Date: _____ Height: _____ Weight: _____ Sex: M F

Parents' Names: Mother: _____ Father: _____

Does Participant have any physical limitations or disabilities? No Yes

If yes, please described in detail: _____

In the event of an emergency please contact (name):

Phone Number: _____ Secondary Phone Number: _____

Participant Plays (Participates) in the following sports:

<u>Sport</u>	<u>Position/League</u>	<u>Sport</u>	<u>Position/League</u>
Baseball	_____	Lacrosse	_____
Basketball	_____	Polar Ball	_____
Field Hockey	_____	Soccer	_____
Football	_____	Swimming	_____
Gymnastics	_____	Track & Field	_____
Ice Hockey	_____	Other	_____

Please Make Check payable to: PASS FOOTBALL LEAGUE LLC

12335 Santa Monica Blvd., #439
Los Angeles, CA 90025
(310) 314-1821

Websites: www.passfootball.com & www.polarball.com

Email: exec.office@passfootball.com

PASS FOOTBALL® LEAGUE LLC

Child's Name _____ Program _____

POLAR BALL® and QuickSteps™ Coordination & Agility Training Program

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the **POLAR BALL® and QuickSteps™** Program, I, for myself my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the "**PASS FOOTBALL® LEAGUE LLC**", (and hereafter referenced as the "**PFL**"), its officers, employees, and agents from liability from any and all claims including the negligence of the the "**PFL™**", its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the **POLAR BALL® and QuickSteps™** Program.

Assumption of Risks: Participation in the **POLAR BALL® and QuickSteps™** Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries.

Indemnification and Hold Harmless: I also agree to **INDEMNIFY AND HOLD** the "**PFL™**", its officers, employees, and agents **HARMLESS** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the **POLAR BALL® and QuickSteps™** Program and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and Indemnity Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue, I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I have read the aforementioned paragraphs and I know, understand, and appreciate these and other risks that are inherent in the POLAR BALL® and QuickSteps™ Program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature of Parent of Minor/Date _____ Signature of Participant/Date _____

Participant's Age (if minor) _____

Permission to Treat & Transport

I understand that I am required to have accidental medical coverage for the child listed on this application, and verify that the information provided on this form is accurate and true.

I understand and agree that if I do not have accidental medical coverage for the child listed on this application, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.

In the case of an injury, I authorize the staff of the "**PFL™**" to render first aid and/or to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.

I understand that at the discretion of the Program supervisor and staff, my child may be dismissed from the Program/classes, without refund, for inappropriate behavior.

I understand that at the conclusion of the scheduled Program time, the "**PFL™**" and its staff are no longer responsible for my child.

I give permission to use, reprint, and reproduce any photographs or videos taken of me or my child and written materials supplied by me or my children to the "**PFL™**" during the **POLAR BALL® and QuickSteps™** Program.

Signature of Parent of Minor/Date

Signature of Participant/Date

Physician's Name

Physician's Telephone Number

Insurance Company

Policy Number