OSM SPORTS CLASSES/Werner Hoops

ONE SHINING MOMENT SPORTS and Life Coaching REGISTRATION FORM

One Shining Moment Sports and Life Coaching LLC: To give your child the opportunity to enhance and grow his/her sports/Life skills while having the best experience in a safe, competitive place. Our coaches will be committed to teaching the physical skills, while continuing to focus on showing integrity towards teammates, coaches and officials. Participants must complete this Registration Form and our Medical Release Form along with the Medical Care Authorization and Waiver and Release of Liability forms.

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Coach J
Email: osmsports@gmail.com

Danny Jesselson: 847-804-7136

Remit payment to: Danny Jesselson
(Venmo @Danny-Jesselson)

Participants Name:
Phone: _____
Cell:
Email: _____
Date of Birth: _____/_____/_____ Age:_____

EMERGENCY CONTACT INFORMATION (Must be a parent or guardian if under 18)
Name:Jess
Neiman_____Relationship:_____
Address (if different from pg1):
_____
City:_____State:IL_____Zip:_____
Phone: (_____)_____
Cell: (_____)_____
Phone #2: (_____)_____

Email:_____

If primary Emergency Contact is unavailable, please provide a secondary contact:
Name:_____Relationship:_____
_____
Cell: (_____)_____
Phone #2: (_____)_____

MEDICAL INFORMATION
Doctors Office:. _____
Doctors Name: _____
Phone Number: _____

Allergies

Medications: _____
Food: _____
Other (bee stings, latex, etc.): _____

Is an Epi_pen required for any allergy? _____

List any Special Needs:
Dietary Restrictions (Vegetarian, Vegan, etc.): _____
Special Infection Control Issues: _____

List any other information that you think would be valuable for One Shining Moment Sports staff to be aware of that would make your child's experience with us more enjoyable:

_____
_____
_____
_____

RELEASE OF LIABILITY

I hereby authorize the staff of One Shining Moment Sports and Life Coaching to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release One Shining Moment Sports and Life Coaching LLC from any and all liability for any injury or illness incurred as a participant in a One Shining Moment program ("Program"). I have no knowledge of any physical impairment that would affect my ability to participate in a Program. I further understand One Shining Moment Sports retains the right to use for publicity and advertising purposes photographs of participants in any Program. As a participant or guardian of a

participant in the Program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or the above participant may sustain as a result of participating in any and all activities connected with or associated with such Programs. I agree to waive and relinquish all claims I or the above participant may have as a result of participat- ing in a Program against One Shining Moment Sports and Life Coaching LLC and its officers, agents, servants and employees from any and all claims from the injuries including death, damage or loss which I or the above participants may have or which may accrue to me (us) on account of participating in a Program. Payment in full must be made prior to or on the first day of any and all OSM Programs. NO REFUNDS WILL BE GIVEN ONCE THE PROGRAM BEGINS. I have read and fully understand and accept the Program details, policies and procedures and waive and release all claims.

PARTICIPATION CONSENT

The undersigned consents to participate in any and all activities, including transportation (if needed) to and from One Shining Moment Sports activities, except those specifically prohibited by the Participant's physician.

X_____Dat
e:_____

Participant Signature The undersigned gives permission for the Participant to participate in any and all activities, including transportation (if needed) to and from One Shining Moment Sports for all activities, except those specifically prohibited by the participant's physician or parent/legal guardian).

X_____

Date:_____

Parent/Legal Guardian for Participant under age 18