

.....To participate please complete the form below.....

Consent and Waiver

I hereby release Hot Shots Sports LLC, their employees and agents from all liability from any injury or illness that may result from my child's participation in the program. I certify that my child is in good physical health and can participate in all activities. In the event that I cannot be reached in a medical emergency, I hereby grant permission to the employees of Hot Shots Sports LLC to act on my behalf.

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student(s) will be: picked up _____ go to Extended Care: _____

Number of students attending: _____ X 43.75 = \$ _____ enclosed

Parent/Guardian: _____

Phone: _____

Email: _____

Parent Signature: _____ Date: _____

Return form with payment or online receipt and signed waiver to your child's teacher by Wednesday,
February 21st.