

## ONE TEAM LLC REGISTRATION FORM

Relationship:	Athlete Information: Name:				
Work Phone: Cell Phone: Email: Zip Code: Emergency Contact Info: Primary Emergency Contact (If same as above write "same") Relationship: Primary Emergency Phone: (If same as above write "same") Please list additional Emergency Contacts: Alternate Emergency Contact Name: Phone Number: Relationship: Phone Number: Relationship: Alternate Emergency Contact Name: Phone Number: Relationship: Phone Number: Relationship: Phone Number: Phone Number: Contact Name: Phone Number: Phone Number: Contact Name: Phone Number: Phone Number: Parent/Guardian signature: Date: Phone Number:	Parent/Guardian Conta	act: Name:		Home Phone:	
Emergency Contact Info: Primary Emergency Contact (If same as above write "same")  Relationship: Primary Emergency Phone: (if same as above write "same")  Please list additional Emergency Contacts:  Alternate Emergency Contact Name: Phone Number: Relationship: Neglationship: Alternate Emergency Contact Name: Phone Number: Relationship: Neglationship: Neglationship: Neglationship: Neglationship: Phone Number: Relationship: Neglationship: Neglationship: Neglationship: Neglationship: Neglationship: Neglationship: Neglationship: Neglationship: Phone Number: Neglationship: Neglationship: Neglationship: Neglationship: Neglationship: Phone Number: Neglationship: Neglationship: Neglationship: Neglationship: Neglationship: Neglationship: Neglationship: Neglationship: Neglationship: Phone Number: Neglationship:					
Relationship:Primary Emergency Phone: (if same as above write "same")					
Please list additional Emergency Contacts:  Alternate Emergency Contact Name:	Emergency Contact In	<b>fo:</b> Primary Emergency C	ontact (If s	same as above write "s	same")
Alternate Emergency Contact Name:Phone Number:Phone Number:	Relationship:	Primary Emerger	ncy Phone	: (if same as above wr	ite "same")
Relationship:	Please list additional En	nergency Contacts:			
Alternate Emergency Contact Name:	Alternate Emergency Co	ontact Name:		Phone Number:	
Alternate Emergency Contact Name:		Relationship:			
Alternate Emergency Contact Name:Phone Number:Phone Number:					
Alternate Emergency Contact Name:Phone Number:Phone Number:		Relationship:			
Media Release  Terms of Agreement: I give permission for my child to be included in any media releases for ONE Team LLC. Such use includes the display, distribution, transmission, or otherwise use of photographs, images and/or video taken of my child for use in materials. This includes but may not be limited to, printed materials such as brochures, newsletters, videos, and digital images.  Check if permission is give: Check if permission is denied: Parent/Guardian signature: Date: Phone Number: Phone Number: Insurance Co: Policy Number: Allergies / Special Health Considerations: Policy Number: Allergies / Special Health Considerations: Phone Special Health Considerations: Phone Special Health Considerations: Policy Number:	Alternate Emergency Co				
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LLC. Such use includes the display, distribution, transmission, or otherwise use of photographs, images and/or video taken of my child for use in materials. This includes but may not be limited to, printed materials such as brochures, newsletters, videos, and digital images.  Check if permission is give: Check if permission is denied: Date:  Parent/Guardian signature: Date:  Medical Information  Physician's Name: Phone Number: Policy Number:  Allergies / Special Health Considerations:  I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child. I also waive my right to "Informed Consent" of treatment. This waiver applies only in the event	Media Release				
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Parent/Guardian signature:	materials such as broch	ures, newsletters, videos,	and digita	ıl images.	
Medical Information  Physician's Name: Phone Number: Insurance Co: Policy Number:  Allergies / Special Health Considerations:  I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child. I also waive my right to "Informed Consent" of treatment. This waiver applies only in the event	Check if permission is g	ive: Che	ck if perm	ission is denied:	
Physician's Name: Phone Number: Policy Number: Policy Number: Policy Number: Policy Number: Allergies / Special Health Considerations: Policy Number:	Parent/Guardian signatu	ıre:			Date:
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mat herene parenty guardian can be reached in the event of an emergency.	•				ones only in the event
Parent/Guardian signature: Date:					Date: