



midwest
FITNESS CENTER

Athlete Performance Academy

Athlete's Name: _____

Athlete's Cell Phone #: _____

E-mail: _____

Age: _____ Grade: _____

Sport (s): _____

Emergency Contact (Name and Phone #):

Pertinent Medical conditions (ex: previous injuries, asthma, juvenile diabetes, etc.)

DISCLAIMER OF LIABILITY

The participant in attending the Midwest Medical Center Sports Performance Camp and using the facilities at Midwest Medical Center does so at his/her own risk. The participant and/or the participant's parent/guardian acknowledge that the Camp is an active, physical camp and that injuries may occur. Midwest Medical Center, and its staff, shall not be liable for any damages to person or property of the participant during the Camp. The participant and his/her parent/guardian shall assume full responsibility for any damages to person or property, which may occur to the participant during the Camp and hereby fully and forever exonerate and discharge Midwest Medical Center and its staff, its owners, employees, from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the participant's participation in the training session and in the use of facilities. The participant and/or parent/guardian also agrees to defend, indemnify and hold harmless Midwest Medical Center, and their employees from any and all losses, claims, penalties, demands, expenses or costs, including court costs and attorneys' fees, arising from the participant's participation in the training session and in the use of facilities. In the event of an emergency, I hereby give permission for my child to be examined by a licensed physician selected by the camp operator, to hospitalize, secure proper treatment, anesthesia, or surgery for my child in the event of an emergency. I also give permission to advise the hospital of our insurance information at the time of any treatment.

Signature of Athlete: _____ Date: _____

Signature of Parent: _____ Date: _____

Please complete the form and include payment and return to:

Midwest Health & Fitness Center—815-777-4960— bgerein@midwestmedicalcenter.org