

MANNINO'S GRAND SLAM USA REGISTRATION FORM

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____
CURRENT GRADE: _____ AGE: _____ POSITION: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE (H): _____ E-MAIL ADDRESS (please print): _____
SCHOOL: _____
PARENT/GUARDIAN NAME(S): _____
PHONE (H): _____ PHONE (W): _____ PHONE (C): _____
E-MAIL ADDRESS (please print): _____

Please provide program you wish to sign up for, including the session(s) and time(s) you wish to attend.

1. Check or Money Order payable to Mannino's Grand Slam USA
2. Credit Card (Visa or Master Card) Acct. #: _____
Exp. Date: _____ Signature: _____

RETURN PAYMENT WITH COMPLETED REGISTRATION AND LIABILITY WAIVER TO:

Mannino's Grand Slam USA
6635 Dublin Center Dr
Dublin, OH 43017

QUESTIONS: CALL 614.890.7526 or 614.717.9934 OR EMAIL manninosgrandslamusa@gmail.com

IN CASE OF EMERGENCY:

CONTACT: _____ PHONE (H): _____ PHONE (C): _____
FAMILY PHYSICIAN: _____ PHONE: _____

CURRENT MEDICATIONS: _____

DRUG ALLERGIES: _____

PAST MEDICAL HISTORY:

	YES	NO
HAVE YOU HAD A PHYSICAL WITHIN THE LAST YEAR?	_____	_____
HAVE YOU EVER BEEN DENIED PARTICIPATION?	_____	_____
HAVE YOU HAD A MEDICAL ILLNESS OR INJURY SINCE YOUR LAST PHYSICAL?	_____	_____
IF YES, HAVE YOU BEEN CLEARED BY A PHYSICIAN?	_____	_____
DO YOU HAVE ANY ONGOING INJURIES?	_____	_____
DO YOU HAVE ANY ONGOING CHRONIC ILLNESSES?	_____	_____

YOU MUST EXPLAIN ALL "YES" ANSWERS: _____

PHOTO RELEASE – The undersigned authorizes Mannino's Grand Slam USA to permit the use and display of photographs in any publication, multimedia production, display, advertisement or World-Wide Web Publication for Mannino's Grand Slam USA. The undersigned releases and forever discharges Mannino's Grand Slam USA, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / images.

Initials _____

We consent to the participation of the above-named athlete. We also agree to emergency medical treatment as deemed necessary by the training and medical staff of Mannino's Grand Slam USA. We have read the information above and verify that it is accurate, complete, and true to the best of our knowledge.

Athlete Signature

Parent or Guardian (if athlete under 18)

Date

Mannino's Grand Slam USA, Inc. Release of Liability Agreement

Welcome to Mannino's Grand Slam USA, Inc. We hope you enjoy participating in the programs we have to offer. Please take a moment to complete the information below. A waiver must be completed for each participant. If a participant is under 18, a parent or guardian must also sign. If you have any questions our staff will be glad to assist you.

Participant Name: _____ Date of Birth: ____/____/____ Gender: ____
Parent/ Guardian Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell: (____) _____ - _____
May we send you text messages? Y N If yes, please list Cell Phone Provider: _____
E-mail: _____
School/Travel Team: _____

In consideration of being permitted to use Mannino's Grand Slam USA facilities, I hereby stipulate and agree:

1. Assumption of Risk: I am fully aware that the activities I may undertake at Mannino's Grand Slam USA are hazardous and high risk activities that require strenuous exercise and activity. Participating in these activities involves many physical dangers, and subsequent injury or death may occur as a result thereof. I also realize the dangerous nature of cardiovascular exercise, weight lifting, weight training, aerobics, massage therapy and/or body building, and I am fully aware of the possibility of mechanical and/or other malfunctions of cardiovascular equipment, weight machines, and/or weight machines and apparatus ("equipment"), as well as the possibility of injury or death as a result of the use of such cardiovascular equipment, weight machines, and/or weight and apparatus. Understanding the risks and dangers of participating in all of the foregoing activities while at Mannino's Grand Slam USA, I represent to the best of my knowledge that I have no medical, physical and/or emotional health condition(s) or limitation(s) which would hinder or prevent my active participation in such activities in any way whatsoever.

Therefore, I assume full responsibility for my participation in any of the above programs. I VOLUNTARILY AND FREELY CHOOSE TO ASSUME ALL SUCH RISKS AND DANGERS, including the risk of injury or death that may be associated with, or result from, my participation in these activities.

Initials _____

2. Release from Liability: I fully agree, for myself and my heirs, to hereby fully and forever discharge and release Mannino's Grand Slam USA from any and all liability, all claims and demands, actions and causes of action whatsoever arising out of any damages, costs, loss of services, expenses and any all claims whatsoever, on account of, or in any way resulting from personal injuries, conscious suffering, death and property damages to myself or to any other person or property, in any way connected with my participation in or attendance of any Mannino's Grand Slam USA activities of whatever sort of nature. I agree that this Release of Liability Agreement shall cover my participation in or attendance of any and all activities sponsored by Mannino's Grand Slam USA including, but not limited to, practice sessions, training sessions, instructional sessions, activities directed by a coach, trainer, or other representative of Mannino's Grand Slam USA and/or promotional activities. This Release of Liability covers all liability claims which may be asserted against Mannino's Grand Slam USA, unless such liability is caused as a result of the negligence of Mannino's Grand Slam USA.

Initials _____

3. Continuation of Obligations: I agree, for myself and my heirs, that the above provisions, including ASSUMPTION OF RISK AND RELEASE FROM LIABILITY shall continue in full force and effect now and at all future times when participant is involved in Mannino's Grand Slam USA activities.

Initials _____

I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ EACH OF THE ABOVE PROVISIONS AND FULLY UNDERSTAND AND AGREE WITH EACH PROVISION. I HAVE HAD THE OPPORTUNITY TO HAVE COUNSEL OF MY CHOICE REVIEW IT WITH ME. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE OF LIABILITY AGREEMENT.

Signature of Participant	Date	Signature of parent or guardian (If athlete is under 18)	Date	Relationship to minor
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