

Charlotte Court Information Sheet

2023-2024



Player's Name: _____ DOB: _____

Age: _____ School: _____ Grade: _____

T-shirt size: YS YM YL YXL AS AM AL AXL

Parent/Guardian: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

As a parent/guardian of the above participant, I give permission for him/her to participate and verify that he is covered by some form of insurance or medical card. I also understand that Charlotte Court Inc., its partners or employees are not responsible for accidents of injuries while participating.

Parent/Guardian's Signature: _____ Date: _____

*****Please provide proof of age when you submit the application. We will need a copy on file. Please make sure it has the participant's name and birthdate.**

(Birth certificate, immunization form, passport or medical card)

****Please make sure you complete all four pages of the application.**

Participants, Team Representatives, and/or Parent/Guardian Release of Liability



Please read before signing.

In consideration of being allowed to participate in any way in the clinics, boot camp, individuals and any other related activities ("Programs") provided by Charlotte Court Inc. or on the property of any facility or business in partnership, Robert Hammons, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in the programs is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist.
2. I knowingly and freely assume all such risk, both known and unknown, even if arising from the negligence of Charlotte Court Inc. and any of its representatives and/or partners, sponsors, advertisers, ("Releases"), or others and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and immediately bring such to the attention of the nearest official.
4. I, for myself, and the behalf of any of my heirs, assigns, personal representatives and next to kin, hereby release, indemnify, and hold harmless Releases with the respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from negligence of the Releasees or otherwise, to the fullest extent permitted by law.
5. I, for myself, and on behalf of any of my heirs, assigns, personal property representatives and next to kin, hereby release, indemnify, and hold harmless all of the above Releasees from any and all liabilities incident to my involvement or participation in these Programs, even if arising from their negligence, to the fullest extent permitted by law.

Parent/Guardian's Signature

Printed Name

Date

Charlotte Court Emergency Medical Release Form

**Please fill out the entire form.*



Participants Name: _____ **DOB:** _____

Address: _____

Parent/Guardian: _____ **Phone:** _____

Parent/Guardian: _____ **Phone:** _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Allergies: _____

Medical Conditions: _____

Restrictions: _____

Physician: _____ **Phone:** _____

Hospital Preference: _____

Insurance Company: _____ **Phone:** _____

Policy Holders Name: _____ **Policy Number:** _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN BE INVOLVED IN ANY CHARLOTTE COURT ACTIVITY. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I, _____ the undersigned parent/guardian of the above listed minor participant, acknowledge and fully understand that each participant will be engaging in activities that could involve risk of serious injury and that there may be other unknown risks not reasonably foreseeable at this time. I also acknowledge that I have record of a current physical examination given by a physician for the above listed participant, and he has been found physically capable of participating in this program. I hereby give my consent to have an athletic trainer, coach and /or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and /or treatment and agree to be financially responsible for the cost of such assistance and/or treatment not covered by the program, when necessary.

Parent/Guardian Signature _____ **Date** _____

Have you participated in and received a financial scholarship from a Parks and Recreation program between 1/1/23 – 12/31/23? ☐ Yes ☐ No

I give Charlotte Court permission to share my contact information to Lexington Parks and Recreation in order to be notified about future Parks programs, camps and services.
☐ Yes ☐ No _____ Parent or Guardian initials

Participant consents to allow the picture or likeness of the participant to appear in any official documentary, sponsor advertisement, or television coverage of an event in any manner incidental to participate in said event and/or program without compensation to me, my heirs, executors, and/or agenda and administrators.

Parent or Guardian Signature

Date

<p style="text-align: center;"><u>Fee:</u> \$125 per child \$50 (with scholarship)</p>

Scholarship forms, payment (cash, check and money order), and proof of age can be collected at Dunbar Community Center on the 3rd floor during the application window (September -November 17) the following times...

Monday – Friday from 8 – 4:30 p.m.

*Make checks payable to Charlotte Court, Inc.

*Contact charlottecourt@outlook.com if you have any questions.

Office Use

Date application AND payment was turned in: _____

Method of payment: _____ Proof of Age: YES NO Type of proof: _____

Amount Paid: _____ Receipt given: YES NO

Scholarship: YES NO Type of proof: _____

Person collecting application and payment: _____