



Application Consent Form

Last _____ First _____ Age _____ Birthday _____

Cell # _____ Email _____

Address: Street and Number _____

City _____ State _____ Zip _____ T-Shirt Size _____

Emergency Name: _____ Cell # _____ Work # _____

Email _____

PARENTAL CONSENT: The undersigned parent or guardian understands that the applicant will be engaging in physical activity during the program that contains an inherent risk of physical injury. The undersigned assumes the risk, and releases the officers, directors, agents, and employees from any and all liability for personal injury arising out of the applicant's participation, including the conditions of the premises, and agrees to notify Mark Rose in writing within five (5) days of any such injury. I hereby grant permission for my son/daughter to attend and to be treated by a licensed physician in the event of any injury, accident, illness or other mishap. I furthermore agree to pay for this service through my insurance or otherwise.

Insurance Company: _____ Policy # _____

Allergies? _____ Physical restrictions? _____

Signature _____ Date _____

Return application form and payment to:
Mark Rose Sports Academy
PO Box 46576
Tampa, FL 33646

www.MarkRoseSports.com

813-866-4040

markrosesports@gmail.com

