



# Application Consent Form

Child's Name Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address: Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School Attending this year: \_\_\_\_\_ Next Year: \_\_\_\_\_ Grade \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Mom's Email \_\_\_\_\_ Dad's 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? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

[www.MarkRoseSports.com](http://www.MarkRoseSports.com)

813-866-4040

[markrosesports@gmail.com](mailto:markrosesports@gmail.com)

