

2011 Track-out Registration Form
Print and mail/bring with payment to: [Carolina Legacy All-Stars](#)
[ATTN: Track-Out Camps](#)
[125 Quarrystone Circle](#)
[Cary, NC 27519](#)

Name of Student Athlete Grade

Parent / Guardian

Address

City State Zip

Phone: Home / Mobile / Emergency

Name of School

Allergies

Date / Dates Planning to Come Time / Times Planning to Come

Method of Payment

- Check Cash
 Visa / MasterCard

Credit Card # Exp. Date

Security Code

Waiver

The undersigned acknowledges that participating in any activities at Carolina LegacyAll-Stars comes with certain degree of risk of injury to the student athlete. I agree to assume all risks and hereby release CLA and any of it's owners, employers, employees, management, assigned or contracted instructors, fellow student-athletes, and volunteers from any and all liabilities. I understand that all medical expenses are the sole responsibility of the athelte or the athelet'sfamily. CLA expects all athletes to carry their own medical insurance, which is not provided by CLA. Student-athletes with severe behavioral issues interfering with the activities of other athletes will be sent home without refund.

I also give permission to CLA and any other affiliated approved third parties the right to film, photograph, alter photographs, or videotape the athlete. I give CLA all rights to use any videotape, footage, photographs and publications of the athlete in any promotional usage and/or any other means without compensation.

Signature of Parent / Guardian