

TCSA PAYMENT INFORMATION

TCSA Player Name: _____

Monthly Dues \$ _____ Uniform Fee \$ _____

Total Amount Due: _____

*Full payment for first months dues must accompany this form.
Check/money orders payable to: Triple Crown Sports Academy*

CREDIT CARD AUTHORIZATION FORM (FOR AUTOPAY)

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Card Type: Visa MC AMEX Discover

Cardholder Name (as shown on card)

Card Number

Exp. Date (mm/yy)

Billing ZIP Code

CVV (3 or 4 digit number on back of card)

Cardholder Email

I, _____,
authorize **Triple Crown Sports Academy LLC** to charge my credit card above for agreed upon purchases (i.e. Monthly Dues). I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Refunds: Triple Crown Sports Academy does not offer cash refunds for dues and/or fees. We absolutely understand that unforeseen circumstances may occur and every situation will be handled on a case by case basis.

Returned Check Fee: A \$35 processing fee will be assessed for all returned checks.

TCSA PHOTO RELEASE

In consideration of my engagement as a customer/member of the Triple Crown Sports Academy, upon the terms here-with stated, I give consent to Triple Crown Sports Academy; his/her heirs, legal representatives and assigns, those for whom the photographer is acting, and those acting with his/her authority and permission:

a.) The unrestricted right and permission to copyright and use, re-use, publish and republish photographic portraits, pictures and videos of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade or any other purpose whatsoever.

b.) I also permit the use of any printed material in connection therewith.

c.) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

d.) I hereby release, discharge and agree to save harmless, Triple Crown Sports Academy; his/her heirs, legal representatives or assigns, and all persons functioning under his/her permission or authority, or those for whom he/she is functioning, from any liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

e.) I hereby affirm that I am above the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to it's execution. I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Print Name _____

Signed _____

Dated _____



TRIPLE CROWN SPORTS ACADEMY

TCSA TRAVEL BALL APPLICATION

Please include a copy of applicants birth certificate with this application.

Applicant Information (Please print clearly)

Name: _____

Date of Birth: _____

Email Address: _____

Cell Phone: _____

Home Address: _____

City: _____ St: _____ Zip: _____

School Name: _____

Height: _____ Weight: _____

Shirt Size: _____ Jersey #: _____

Throws: L / R Hits: L / R

1st Postion: _____

2nd Postion: _____

Questions? Call: 407.922.0252
triplecrownsportsacademy@yahoo.com
triplecrownsportsacademy.com

TCSA MEDICAL RELEASE

Parent/Legal Guardian's

Name: _____

Home Address: _____

City: _____ St: _____ Zip: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Child's Name: _____

Food/Drug Allergies: _____

Medications: _____

Emergency Contact: _____

Relationship to Child: _____

Cell Phone: _____

Physician's Name: _____

Address: _____

Phone: _____

Dentist Name: _____

Address: _____

Phone: _____

Statement of Consent: (To be signed in the presence of a legalized notary public.) In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Parent / Legal Guardian Signature: _____

Date: _____

TCSA WAIVER/RELEASE OF LIABILITY

READ BEFORE SIGNING

By signing below, I/we (Parent/Guardian of Participant and Participant) agree to the following terms and conditions as related to Triple Crown Sports Academy.

1. Medical Condition & Authorization. I certify that the named Participant is physically able to participate in the Triple Crown Sports Academy and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program. I also understand that Triple Crown Sports Academy will administer no physical examinations and that Triple Crown Sports Academy will rely solely upon the information shown on this form. I give permission for Participant to receive emergency medical or surgical treatment and hospitalization if necessary. I hereby authorize directors, coaches, staff and associates of Triple Crown Sports Academy to act on my behalf according to their best judgment in any emergency requiring medical or surgical treatment and hospitalization if necessary.

2. Financial Responsibility & Insurance. I will be financially responsible for any medical attention needed or resulting from an injury received at Triple Crown Sports Academy. I represent that I have provided and maintain adequate health and medical insurance coverage for Participant covering any and all activities related to Triple Crown Sports Academy. My medical insurance shall be the insurance coverage for any medical treatment. I also understand and agree that Triple Crown Sports Academy shall not assume, or be responsible or liable for expense, medical treatment, or compensation for any injury to the named Participant may suffer during participation or related activities.

3. Compliance with Triple Crown Sports Academy Rules. Participant understands and agrees to comply with all of the Triple Crown Sports Academy rules, policies and stated and customary terms, conditions or requirements for participation including any rules or transportation service provider in which participant uses during Triple Crown Sports Academy activities. I/we agree that if you observe any unusual or significant concern in Participant's readiness for participation or participant's failure or unwillingness to comply with the Triple Crown Sports Academy Rules, you may, at your sole discretion, remove participant from participation and immediately inform Triple Crown Sports Academy official. Also, I/we hereby release and forever discharge Triple Crown Sports Academy from any and all claims, actions, damages, or liabilities (including attorneys' fees and costs), arising from or related to any acts, actions, failures to act by Participant or Participant's disregard or failure to follow Triple Crown Sports Academy Rules.

4. Assumption of Risk of Triple Crown Sports Academy Activities. I understand the risk of injury to Participant from the activities involved in the Triple Crown Sports Academy is significant, including the potential for permanent disability and death. The term "Activities" includes but is not limited to: travel to and from Triple Crown Sports Academy, activities on and off the field, activities before and after instruction at Triple Crown Sports Academy or any hotel or third party facilities at which a Triple Crown Sports Academy activity or function is conducted. While the particular Triple Crown Sports Academy rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. I/we (Parent/Guardian and Participant) knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of Triple Crown Sports Academy, and its Coaches, Staff, Triple Crown Sports Academy Management, and Directors and as the parent or legal guardian of the Triple Crown Sports Academy participant, I/we assume full responsibility for participation in Triple Crown Sports Academy.

5. Release & Hold Harmless. I/we for myself and on behalf of Participant hereby release and hold harmless Triple Crown Sports Academy and its Coaches, Staff, Management, Directors, Sponsors, Representatives, volunteers and if applicable the owners and lessors of the Triple Crown Sports Academy premises with respect to any and all injury, disability, death or loss or damage to person or property incident to participant's involvement or participation in any and all Triple Crown Sports Academy activities whether arising from the negligence of releases or otherwise, to the fullest extent permitted by law.

6. Indemnity. I/we, for myself and on behalf of Participant, hereby indemnify and hold harmless all of the above Releases from any and all liabilities incident to Participant's involvement or participation in any and all Triple Crown Sports Academy activities whether arising from the negligence of Triple Crown Sports Academy agents, directors, employees, vendors or others, to the fullest extent permitted by law.

7. Publicity. I understand and agree Triple Crown Sports Academy retains the right to use, for publicity, advertising, photographs and profit of Triple Crown Sports Academy participants including any family members that may be present.

8. Limitation of Liability. I agree that the total liability of Triple Crown Sports Academy, its affiliates and respective directors, officers, employees, and agents with respect to services performed or to be performed by Triple Crown Sports Academy, shall not exceed 100% of the compensation received by Triple Crown Sports Academy, from me pertaining to Participant. The parties agree and acknowledge this Section of the Agreement is a material part of the consideration for the Agreement.

9. Severability. In the event that any provision of these Terms and Conditions, or the application of any such provision to any person or set of circumstances, shall be determined to be invalid, unlawful or unenforceable, the remainder of these Terms and Conditions shall continue to be valid and enforceable to the fullest extent permitted by law.

10. Governing Law & Jurisdiction. These Terms and Conditions will be governed by the law of the state Florida, county of Osceola which is the state and county in which Triple Crown Sports Academy corporate office is located. I/we agree that any action brought under these Terms and Conditions shall be brought in the federal or state courts of Florida. In the event either party commences an action under these Terms and Conditions, the prevailing party shall be entitled to reasonable attorneys fees and costs.

I/WE HAVE READ THESE TERMS & CONDITIONS AND WAIVER & RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Understanding of Risk. I, Participant, understand the seriousness of the risks involved in participating in Triple Crown Sports Academy, my personal responsibilities for following the Triple Crown Sports Academy Rules and accept them as a Participant.

Print Name (Parent or Legal Guardian): _____

Signature: _____

Date: _____

Participant Name: _____

Signature: _____

Date: _____