



# Elevated Skills Assessment Application

<b>Office Use Only:</b>
Promotion: YES <input type="checkbox"/> NO <input type="checkbox"/>
Group <input type="checkbox"/> Individual <input type="checkbox"/>
<b>Documentation:</b>
Receipt Attached <input type="checkbox"/>
<b>Appointment Date/Time:</b>
____/____/____+____:____

PLEASE PRINT CLEARLY

Student-Athlete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_ High School Team Level (if applicable): Varsity  JV  Freshman

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, GA Zip: \_\_\_\_\_

### Parent/Legal Guardian Name(s)

Mother/Legal Guardian: \_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact(s)

1. Name: \_\_\_\_\_ Phone# (\_\_\_\_)\_\_\_\_-\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone# (\_\_\_\_)\_\_\_\_-\_\_\_\_ Relationship: \_\_\_\_\_

(✓)	Assessment Fee		
	Group (2 - 5 participants)	<del>\$15.00 assessment fee (non-refundable)</del> T-Shirt Campaign Promotion (\$0/with Elevated T-Shirt Purchase)	45 minutes
	Individual/Private Assessment	\$50.00 assessment fee (non-refundable)	45 minutes

### Scheduled Appointments

- Any participant failing to show for a scheduled assessment session will forfeit that session.
- Failure to cancel without a 24 hour notice will result in forfeiture of that session.
- Warm up is mandatory prior to each assessment session. Each participant must arrive 10 minutes before his/her session to insure proper warm up has been performed prior to training. If the participant is over 15 minutes late for the session, they will forfeit that session.

### MEDICAL WAIVER AND RELEASE

Elevated Elite, and any facilities where tryouts, practices, or games are played will assume no liability for injury or damages arising from the results of the above named Student-Athlete's participation unless due to the willful misconduct or gross negligence on the part of Elevated Elite, its affiliates, or agents. Due to the strenuous nature of basketball, the Student-Athlete participating and the parents are urged to consult their physician concerning the Student-Athlete's fitness to participate. Basketball presents certain inherent risks and hazards, which the participating Student-Athlete is urged to consider and which the Student-Athlete assumes the outcomes of such risks and hazards. I hereby approve of the participation of my child, the above named Student-Athlete, in the Elevated Elite tryout/introductory training program and consent to the emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions which will interfere with my child's participation.

### TESTIMONIAL, PHOTO AND VIDEO RELEASE

I hereby authorize Elevated Sports Academy (ESA), and its representatives, to use testimonials, photographs or video that include me and/or my child/children, and our names, in any and all printed publications, website, training purposes, and media products for promotion, art, advertising, or editorial. This may include but is not limited to newsletters both print and email, posters, brochures, ads, and post cards. I release ESA from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the child/children listed below, and that I have the authority to authorize ESA to use their photographs, videos, testimonials and names. I acknowledge that since participation in publications and websites produced by ESA is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by ESA confers no rights of ownership whatsoever. I release ESA, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor child/children.

***I acknowledge that I have read and agree to the Terms, Conditions and Policies stated above.***

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_