

Registration Package Action Checklist

This checklist will assist you with the registration process. Review the entire package of information, complete the forms marked "Yes" below and return these along with your non-refundable deposit to:

Triple Crown Sports
Attn: Carrie Rivera
3930 Automation Way
Fort Collins, Colorado 80525
Phone: 970-672-0508
Fax: 970-223-3636

Special Note: Remember to keep copies of all originals you send through the mail.

Materials Included

Player Registration form
Medical Authorization Form
Rules of Conduct Agreement
Credit Card Authorization Form
Non-Player Registration Form

RETURN with Initial Deposit

YES
YES
YES
OPTIONAL
OPTIONAL

Please Note: Your registration will not be considered complete, and your roster spot will not be held, until we have received the forms marked "Yes" above as well as your non-refundable initial deposit.

www.triplecrownsports.com

Player Registration Form

FULL NAME: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

EMERGENCY CONTACT & PHONE: _____ (_____) _____

PLAYER EMAIL ADDRESS: _____ BIRTHDATE: _____

MM/DD/
YY

PARENT EMAIL ADDRESS: _____

T-SHIRT SIZE (Adult S, M, L, XL, 2XL): _____ SHORT SIZE (S, M, L, XL, 2XL): _____

JERSEY SIZE (S, M, L, XL, 2XL): _____ PANT SIZE (S, M, L, 2XL): _____

GRADUATION YEAR: _____ CLUB TEAM: _____

FAVORITE JERSEY NUMBER _____ AGE DIVISION IN 2013 (circle one) 18U 16U 14U

PRIMARY POSITION: _____ SECONDARY POSITION: _____

I hereby apply for the **Triple Crown Sports, Inc.** tour to (Check One):



DESTINATION

NEW YORK CITY

DATES

August 1st, 2017-August 6th, 2017

I have read and approved the itinerary, tour price, payment schedule, and the responsibility and cancellation clauses as they appear in the **Triple Crown Sports, Inc.** contract. I hereby agree to release the employees of the event and **Triple Crown Sports, Inc.** for any loss, damages, or personal injuries as a result of participation. I agree to give permission for a qualified physician, athletic trainer, or hospital emergency facility to administer necessary health care in case of accident or emergency. By signing below I confirm the above registered event participant is insured. Further, in the event **Triple Crown Sports, Inc.** is asked to participate in any of the following, I agree to participate in all television filming, newspaper interviews, movies, film commercials and questionnaires. I have no objection to being included in photographs, slides or movies taken during the tour which might be used for purposes of interpreting, marketing, promoting and publicizing **Triple Crown Sports, Inc.** or this particular tour.

CHECK ONE

_____ REGISTRATION DEPOSIT ENCLOSED: \$500.00 non-refundable registration fee per traveler (checks payable to **Triple Crown Sports, Inc.**)

_____ REGISTRATION MAIL IN CREDIT CARD DEPOSIT (Use Credit Card Authorization Form).

PLAYER SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

INSURANCE PROVIDER: _____ POLICY #: _____ PHONE#: _____

Non-Player Registration Form

FULL NAME: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ SHIRT SIZE (Adult S, M, L, XL): _____

EMERGENCY CONTACT AND PHONE: _____ (_____) _____

EMAIL ADDRESS: _____

PLAYER'S NAME WITH WHOM YOU'RE TRAVELING: _____

I hereby apply for the **Triple Crown Sports, Inc.** tour to (Check One):

☐ **DESTINATION**
NEW YORK CITY

DATES
August 1st, 2017-August 6th, 2017

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(checks payable to Triple Crown Sports, Inc.)

_____ REGISTRATION MAIL IN CREDIT CARD DEPOSIT (Use Credit Card Authorization Form).

SIGNATURE: _____ DATE: _____

INSURANCE PROVIDER: _____ POLICY #: _____ PHONE#: _____

Medical Authorization and Parental Release

I, _____ the parent/guardian of _____ a minor, have entrusted such minor into the care of Triple Crown Sports, Inc., team coaches or medical trainers, all adults, for that period of time that such minor is a member of the Triple Crown All-Star team.

In such connection, I authorize such caring adult to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and supervision, and on the advice of a physician and surgeon: or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to such a minor by a dentist. If on any occasion such consent is rendered for any such medical or dental attention, it is to be considered under the same kind of circumstances, within the full discretion, and in the course of the same kind of responsible deliberation and I, as such minor's parent would have to consider.

As the parent of such minor, on behalf of her and her heirs, executors or administrators, and assigns, hereby discharge Triple Crown Sports, Inc. its assigns and successors, from all rights, claims, and actions which such minor may have as a result of the exercise by the tour leader of the authorization granted herein.

Parent/Guardian Signature: _____ **Date:** _____

Current medications (please give explanation for each): _____

Allergies to any food(s) or medications? Please list: _____

Describe any recent injury (sprain, strain, fracture, or concussion) and/or surgery within the past 3 years: _____

Describe any recent (within the past 5 years) serious medical illnesses (such as heat stroke, heat exhaustion, diabetes, heart murmur, etc.):

Is your child taking any herbal alternative medications? (please list and explain): _____

In case of emergency, please notify: _____

Telephone: (_____) _____

Medical/Accident Insurance Carrier: _____

Policy Number: _____

RULES OF CONDUCT AGREEMENT

The following will not be tolerated at any time during your participation with the Triple Crown All-Star team:

- 1) Possession or use of any controlled substance, drug (other than with a pre-approved valid prescription) or related paraphernalia.
- 2) Possession or consumption of any alcoholic beverages.
- 3) Violation of curfew, as stipulated by coach or Triple Crown representative.
- 4) Violation of any program rules, as stipulated by a coach, or any Triple Crown Sports staff or related personnel. This includes, but is not limited to, violations such as tardiness for bus departure times, practice, games, and/or meetings.
- 5) Arrest or detention for violation of local laws or ordinances.
- 6) Any action that may threaten the health and safety of oneself or another.

This list is not intended to be all-inclusive. General positive behavior is expected at all times.

AGREEMENT:

I have read and approved the Rules of Conduct described above. I understand and affirm that this list is not meant to be all-inclusive and that general positive behavior is expected at all times. I understand that any violation of these Rules of Conduct will result in my immediate removal from the Triple Crown All-Star team and I will return home at my own expense. Additionally, I understand that no portion of my tuition payment is refundable if I am removed from the Triple Crown All-Star team or leave on my own accord.

PLAYER SIGNATURE: _____ DATE: _____

As the parent/guardian of the aforementioned player, I have read and approved the Rules of Conduct described above. Furthermore, I understand that my daughter will be immediately expelled from the Triple Crown All-Star team and returned home at her own expense if she is found in violation of any of these rules. I further understand that no portion of the tuition payment is refundable if my child is removed from the Triple Crown All-Star team or voluntarily chooses to withdraw.

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____

CREDIT CARD AUTHORIZATION FORM

Triple Crown Sports, Inc.

Cardholder's Name _____

Name of person(s) traveling _____

Circle One: Visa MasterCard AMEX Discover

Card #: _____

Exp. Date _____ Security Code: _____

Billing Address (address, city, St., zip) _____

Please Choose One of the Following Methods of Payment:

One-Time Charge:

I authorize Triple Crown Sports, Inc. to make a ONE TIME CHARGE \$_____ (amount) to credit card listed above for my/my child's participation in the Triple Crown All-Star team. I have read and understand your cancellation and refund policy. I also understand my billing statement charge will appear from "Triple Crown Sports" for the amount above.

Cardholder Signature: _____ Date: _____

Multi-Pay Option:

I authorize Triple Crown Sports, Inc. to make a charge to the following credit card **EACH TIME A PAYMENT IS DUE** (as outlined on the Rates and Payment Schedule Sheet) for my/my child's participation in the Triple Crown All-Star team. I have read and understand your cancellation and refund policy. I also understand my billing statement charge will appear from "Triple Crown Sports" for the amount above.

Cardholder Signature: _____ Date: _____

Please call Carrie Rivera at 970-672-0508 before faxing or mailing this form to:

**Triple Crown Sports
Attn: Carrie Rivera
3930 Automation Way
Fort Collins, Colorado 80525
Fax: (970-223-3636)**

Special Note: If you typically do not make purchases this large with the card listed above you may want to call and alert your card company about this upcoming charge. Many companies now have anti-fraud policies that automatically decline larger-than-usual charges.

CANCELLATION AND RESPONSIBILITY SHEET

CANCELLATIONS

All cancellations must be received **in writing** by **Triple Crown Sports** at 3930 Automation Way, Fort Collins, CO 80525. According to the date of the cancellation, the following schedule of refunds/fees will apply. Please note that "Initial Deposit" refers to the non-refundable \$500 deposit you made for your trip per traveler.

Notice of cancellation received:

- 120 or more days prior to departure, a full refund will be made less a cancellation fee of Initial Deposit plus any irrecoverable funds (hotel cancellations fees, etc.).
- 90-119 days prior to departure, a 50% refund will be made less any irrecoverable funds (hotel cancellations fees, etc.).
- 60-89 days prior to departure, a 25% refund will be made less any irrecoverable funds (hotel cancellations fees, etc.).
- 1-59 days prior to departure 100% of the cost is non-refundable.

Cancellation includes, but is not limited to, any voluntary withdrawal from the program at any time on the day of departure or later and any removal from the program on the day of departure or later.

PLEASE NOTE: The processing of refunds will be completed 45 days after the conclusion of the event.

RESPONSIBILITY

Triple Crown Sports, Inc., (TCS) organizer of the program, its agents and/or suppliers of service, expressly disclaims and shall be held free of all responsibility or liability for any act, error, omission, injury, loss, accident, delay or the neglect or default of any company or person providing any service for this program, or due to epidemic, social or political or military disturbances, or due to any cause whatsoever occurring during this program. **TCS** reserves the right to withdraw, or cancel the tour at any time before its commencement and full refund of monies paid by program purchaser and/or program participant shall be the full limit of **TCS** liability to said purchaser and/or program participant; or to substitute, when expedient or necessary, aircraft, airlines, hotels; or to cancel a program purchaser and/or program participant from the program prior to, after the commencement of, or during the program; and to make such substitutions, alterations, or cancellations at any time without any advance notice to or approval of program purchaser and/or program participant. No refund will be made for any unused portions of any program unless such portion has been deleted from the tour, or said participant has been canceled and the pro rata cost to such unused portion shall be the full limit of **TCS** responsibility to said program purchaser and/or program participant. The program participant also has the responsibility for securing, handling, and possession of passports, visas, travel documents, and any necessary inoculations and also agrees to follow the **RULES AND REGULATIONS** of the program as set forth by **TCS**.