

LEAGUE AND TOURNAMENT REGISTRATION FORM

CHICAGO BULLS/SOX TRAINING ACADEMY

6200 RIVERBEND DRIVE LISLE, IL 60532

IF PAYING BY CREDIT CARD, YOU MAY FAX TO 630-324-8268

PHONE 630-324-8221 WWW.BULLSSOXACADEMY.COM

Coaches Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Team Name: _____

League or Tournament Gender (choose one): Boys Girls
League or Tournament Level (choose one): 4th 5th 6th 7th 8th Fresh/Soph Varsity
League Season (choose one): Winter (\$700.00) Spring (\$650.00) Fall (\$650.00)
Tournament DATE: _____ (\$400.00) Summer Jam: (\$525.00)

Payment Method (choose one): Check Visa MC Discover Amex TOTAL DUE: \$ _____

Account Number/Check Number: _____

Exp Date: _____ Verification Code (3 digit code on back, 4 digits for Amex) _____

Cardholder Signature: _____

For Staff Use:

Transaction #: _____ Processed By: _____ Date: _____

REFUND/CANCELLATION POLICY:

Enclosed is the enrollment fee paid in full, for the above named student. I understand that my entire fee, less a 20% non-refundable processing fee, will be refunded if such student cancels at least two weeks prior to the first day of camp. At any time after that date, I understand no refund will be made, but I will receive a credit, minus the 20% registration fee, for future instruction. I further understand there will be no refund or credit for days unattended by student. The Chicago Bulls/White Sox Training Academy reserves the right to cancel any camp or decline any application. Permission is given to use my child's photo, video or audio recording resulting from the Program for promotional purposes.

WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE:

As parent or legal guardian for _____ (the "Participant") I hereby give my consent to Participant's participation in the program (the "Program") to be conducted by the Chicago Bulls/White Sox Training Academy. I acknowledge that participation in the Program involves the risk of personal injury to Participant or others. Understanding that risk and in consideration of Participant being allowed to participate in the Program, I, on my own behalf and on behalf of Participant, Participant's heirs, administrators, executors, and assigns, hereby (i) fully release and discharge the Chicago Professional Sports Limited Partnership, Chicago Bulls Limited Partnership, and CBLs Corporation, The National Basketball Association, and its team members, NBA Properties Inc., Roclab Athletic Instruction, LLC, Chicago White Sox Ltd., Chisox Corporation and all of its and their respective officers, agents, employees, shareholders, and partners and representatives, and any and all of their respective subsidiaries or affiliates (collectively the "Releasees"), from any and all claims, demands, liabilities, or causes of action of whatsoever kind or nature, in longevity or otherwise, which hereinafter may accrue against them and which in any way arise as a result of Participant's participation in the Program, regardless of whether based on fault or negligence of the Releasees, (ii) covenant not to sue any of the Releasees for any matter relating to Participant's participation in the Program, and (iii) indemnify, defend, and hold Releasees harmless from and against any and all losses, damages, costs or expenses (including attorneys' fees and other costs of defense) which any of them may sustain as a result of, or in connection with, Participant's participation in the Program. ***I have read this Waiver and General Release and Covenant Not to Sue and Refund/Cancellation Policy carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releasees.*** I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed which include, without limitation, the risk of injury or death to Participant regardless of how it arises and even if it results from the negligence or fault of the Releasees.

Signature: _____ Date: _____