



REGISTRATION FORM

This form must be submitted to SKILLS "IQ" ELITE /BICELL NATION prior to the athlete participating in any activities. No other forms are acceptable. Every Participant must have a fully completed and signed original of this form prior to allowing the athlete to participate.

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____ Also known as _____

Address _____

City _____ State _____ Zip _____

Phone No: _____ Birth date _____ Gender: ___ Male ___ Female

Sport/Activity (check): ___ League ___ Training ___ Camp Mother's Month and Day of Birth _____

School: _____ Grade Level: _____

Grade Point Average: _____

Mailing Address if different from above: _____

Name of Parent/Guardian _____ Relationship to Athlete: _____

Address (if different from above) _____

City _____ State _____ Zip _____

Telephone No: _____ Email Address: _____

Emergency Contact Information (if the parent/guardian can not be reached):

Name _____ Relationship to Athlete _____

Home Telephone No: _____ Cell or Work No.: _____

BiCell Nation Official Use Only:

Registration Number: _____ Witnessed By: _____

Participant Fees

Amount Paid \$ _____

Type of Transaction: ___ Cash ___ Check ___ Credit Card ___ Other (please explain) _____

Proof of Age verified? Yes No

Birth Certificate Other (please explain)

Division of Play (circle one): 8- 10 / 11-14

Proof of Fitness verified? Yes No





Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No: _____

Date of Birth: _____ Male ___ Female ___

Name of Primary Medical Insurance Company: _____ Policy Number: _____

Membership Number: _____ Name of Primary Insured: _____

Does primary insured have Medicaid? Yes No

Does primary insured have Medicare? Yes No

Sport/Activity (check one): Basketball League ___ Training ___ Practice ___ Camp ___

PARTICIPANT MEDICAL HISTORY

1. Are there any injuries requiring medical attention? Yes No
2. Are there any past surgeries or scheduled surgeries? Yes No
3. Is there any history of concussions and/or head injuries? Yes No
4. Is the participant currently under the care of a medical practitioner? Yes No
5. Is the participant currently taking any medications? Yes No
6. Does the participant have any allergies (penicillin, bee stings, etc)? Yes No
7. Does the participant have asthma/require the use of an inhaler? Yes No
8. Is the participant diabetic/require medication for diabetes? Yes No
9. Does the participant carry sickle cell trait/suffer from sickle cell disease? Yes No
10. Does the participant currently require medication? Yes No
11. Does/has the participant have/had seizures? Yes No
12. Does the participant wear glasses or contact lenses? Yes No
13. Does the participant wear a brace or other medical support device? Yes No
14. Does the participant have any other physical limitations or medical conditions? Yes No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space and/or attach to this form: _____

_____ I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain writ-ten permission from my child's physician on official medical stationery in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent or Legal Guardian: _____

Name _____

Relationship to Participant _____

Date _____



WAIVER AND RELEASE OF LIABILITY



In consideration of the risk of injury while participating in **SKILLS "IQ" ELITE TRAINING PROGRAM** (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights claims or causes of action of any kind whatsoever arising out of my participation in Activity, and do hereby release and forever discharge Skills "IQ" Elite/ BiCell Nation, LLC at 150 West 5th st, Chester, Pennsylvania 19013. their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damage, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from a event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFORMENTIONED ACTIVITY AND I AM PARTICIPATING IN TH ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY(INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I agree to indemnify and hold harmless SKILLS "IQ" ELITE/BICELL NATION, LLC against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees an any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Skills "IQ" Elite incurs any of these types of expenses, I agree to reimburse Skills "IQ" Elite.

I acknowledge that SKILLS "IQ" ELITE/BICELL NATION, LLC and their directors, officer, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of SKILLS "IQ" ELITE/BICELL NATION, LLC .

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of other, including but not limited to, participants, volunteers, spectator, spectators. Coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE SKILLS "IQ" ELITE/BICELL NATION, LLC AND ALL OF IT AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST SKILLS "IQ" ELITE/BICELL NATION OR IT AFFILIATES, PARTNERS, EMPLOYEES, AGENTS, MANAGERS, VOLUNTEERS FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent the statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Frederick Douglass Christian School, its agents, affiliates and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment of facilities occurs as a result of my or my family's willful actions, neglect or recklessness. I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arms-length, without duress or coercion, and is to be interpreted as an agreement between two of equal bargaining strength. Both the Participant, _____, and Skills "IQ" Elite agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on language in accordance with the purposes for which it is entered into.

In the event that any provisions contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not effect the intent of the parties, If court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construe and enforced as so limited.

In the event of emergency, please contact the following person(s) in the order presented:

Emergency Contact: Name / Relationship / Telephone

1. _____
2. _____





COMMUNICATION AND PROMOTIONAL CONSENT: As a condition to my child’s participation, I hereby consent to receive communications via email and mail from and its partners. I understand that Skills “IQ” Elite/BiCell Nation does not sell its contact lists and communications sent may contain program information . Furthermore, I hereby grant to Skills “IQ” Elite /BiCell Nation the absolute right and permission to make, reproduce, broadcast or otherwise use participant’s name and likeness, any photo-graph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in Pop Warner throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Skills “IQ’ Elite / BiCell Nation,LLC, I hereby and forever waive any interest in or claim to such benefits and acknowledge that Frederick Douglass Christian School/BiCell Nation is under no obligation to exercise any rights granted herein.

ADULT CODE OF CONDUCT: S1: In order to uphold the goals of the program and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of Skills “IQ” Elite / BiCell Nation events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. **S2:** Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a Skills “IQ” Elite /BiCell Nation event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave a event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adult’s children may also be removed from the event. Any adult who commits one of the above stated offenses a second time, will be banned from any and all events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period. **S3:** Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all Skills “IQ” Elite /BiCell Nation events for one year from the date of the offense, and their children may also be removed from any and all programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all events and the individual’s children may also be permanently removed from any and all programs.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement , that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant’s Name: _____

Participant’s Address: _____

Signature: _____ Date: _____

PARENT/ GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age). Then this release must be signed by a parent or guardian, as follows.

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/ Guardian Name: _____

Relationship to Minor: _____

Signature: _____ Date: _____



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UNIFORM SIZE



SHIRT SIZES

Youth Small (6-8)____
Youth Med. (10-12)____
Youth Large (14-16)____
Adult Small(34-36)____
Adult Medium (38-40)____
Adult Large (42-44)____
Adult X-Large (46-48)____

SHORT SIZES

Youth Small (6-8)____
Youth Med. (10-12)____
Youth Large (14-16)____
Adult Small(34-36)____
Adult Medium (38-40)____
Adult Large (42-44)____
Adult X-Large (46-48)____

Participants Name _____ **Age** _____

VOLUNTEERS WELCOME

TRAINERS _____

HEAD COACH _____

ASST COACH _____

TEAM MOM _____

SPONSOR _____

BOARD MEMBER _____

NAME _____

NAME _____

EMAIL _____

EMAIL _____

PHONE _____

PHONE _____

OCUPATION _____

OCUPATION _____



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