

Emergency Information & Medical Treatment Waiver

Participant's Full Name: _____ D.O.B. _____

Current Medications: _____

Known Allergies: _____

Known Medical Conditions: _____

Emergency Contacts (2):

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Group/Policy #: _____

By signing below I/we acknowledge that all of the above information is correct, and may be used in the event of an emergency. I/we also give the "Academy" permission to seek whatever qualified medical attention it deems necessary at the time of the emergency.

Parent/Guardian Signature: _____ Date: _____

Medical Exam & Physician Release

(For Physician Use)

I, _____, am a licensed physician,

License # _____, in the state of _____.

I have performed a complete physical exam on _____, a prospective student at ISA Academy, LLC. To the best of my knowledge, the above mentioned individual has no known medical conditions, ailments, or problems that would preclude him/her from participating in ISA Academy's rigorous athletic training program.

Physician Signature: _____ Exam Date: _____

Release of Liability and Waiver

INTERNATIONAL SCHOLAR ATHLETE ACADEMY ("Academy") and THE CLUB AT LA COSTA RESORT AND SPA ("Club")

ASSUMPTION OF RISK AND RELEASE AGREEMENT

Assumption of Risk: As parent, or legal guardian, of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the Academy/Club facilities and/or equipment contain dangers and can cause serious injury or death. I and participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the activity, including injury or death, that result from Academy/Club negligence, design of the facility and/or equipment, or from any third party.

Release and Indemnity: In exchange for the Academy/Club allowing participant to participate in the Activity, I and participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release and indemnify the Academy/Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Activity that may result from Academy/Club's, negligence, design of the facility and/or equipment, or from any third party, whether on or off Academy/Club premises, and including any transportation. I and participant expressly waive and relinquish any and all claims, rights or benefits which may exist on our behalf under section 1542 of the Civil Code of the State of California, which provides as follows: "A general release does not extend to claims which the creditor (Participant) does not know or suspect to exist in Participant's favor at the time of executing the release, which if known by Participant must have materially affected Participant's settlement with the debtor (Academy/Club)."

Property Loss: All personal property brought to the activity is brought at the sole risk of the participant, and Academy/Club is not responsible or liable for loss, theft, or damage of said property.

Medical: I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Academy/Club may deem appropriate.

Photograph Permission: I give permission for the Academy/Club to use, without limitation or obligation, photographs, film footage, or tape recordings that may include participant's image or voice for purposes of promoting Academy/Club programs.

Severability: Any provision or portion of this Release and Waiver found to be invalid by any court having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

Signature of Parent/Legal Guardian: Date: _____

"Activity" means the use of any Academy/Club facilities and/or equipment.

ISA ACADEMY DRUG, CONTROLLED SUBSTANCES, AND ALCOHOL TESTING CONSENT, WAIVER, AND AUTHORIZATION

The use of illegal drugs, controlled substances, and alcohol can have a detrimental impact on behavior, interfere with academic and athletic performance, cause permanent physical and mental harm to the user, and increase the risk of injury to teammates, athletic opponents and all others with whom the user interacts. Therefore, the ISA Academy has implemented a Drug and Alcohol Testing Policy ("Policy") that is described in the Student Handbook. All parties signing this form acknowledge that they have received, read, and understand the Policy, and also understand that penalties may be imposed, including expulsion, for violating the Policy. Further, all parties signing this form agree to all of the terms, conditions, and rules of the Policy. A participant who is age 13 and older will be subject to mandatory testing during the regular school year. Reasonable suspicion testing may be conducted for all participants, regardless of age, both during the school year, and during summer and other camp sessions. Each test will consist of hair analysis, urine analysis, or other method adopted by ISA Academy .

I hereby consent to having samples of my hair, urine or other body sample tested for the presence of drugs, controlled substances, and alcohol, covered by the Policy, at such times as tests are required under the Policy. I also authorize the release of information concerning the results of such test to the Participant, the Participant's family, and ISA Academy.

Participant Signature: _____

Print Name: _____ Date: _____

Parent Guardian Signature: _____

Print Name: _____ Date: _____

Custody Information

If the student's parents are divorced, we need to know certain information to verify legal custody/guardianship. Only parents with legal custody of the child may enroll their child in ISA Academy. This information is for internal use only and will be kept strictly confidential.

Name(s) of Custodial Parent(s):

Country/State of Residence:

Type of Custody Order (joint, sole, shared, etc.):

Country/State of Issue:

**Please include copy of custody order with registration form.