



po box 22 • benson, md 21018 • 410 322 3932 • info@athelites.com • www.athelites.com

By my signature, I authorize enrollment and submit that my son and or daughter is physically fit to participate in strenuous athletic activity, and wave athelites Inc., it's staff, affiliated entities, their officers, agents and employees from and against liability for any injury, recurrence of any undisclosed pre-existing injury or illness prior to the first day of the session, and all liabilities or causes of action arising out of or in connection with my child's participation in this session.

Name of insured family member \_\_\_\_\_

Name of medical insurance co. \_\_\_\_\_

Address of company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name, address and telephone  
of employer of insured family member \_\_\_\_\_

Person to contact in case of injury \_\_\_\_\_