

# EST Sports Camp/Clinic Consent Form

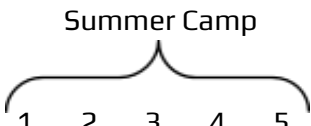
**Full Payment/** (\$100 Deposit)  
**Deposit Options:**

- Venmo (acct# @ritlacomis / last 4 of ph. no. = 7880)
- Zelle (acct# 2038567880 or rlacomis28@gmail.com)
- Cash
- Check (payable to EST Sports or Cash)

Please send cash or check deposit to: Elite Sports Training, LLC.  
7 Surrey Dr., Norwalk, CT. 06851

**\*\*\*\*Please fill out bottom portion completely\*\*\*\***  
**\*\*\*\*Email to registration@estsports.org to complete your registration\*\*\*\***

**Parental Consent:** (Must be signed to complete enrollment)

**Player's Name:** \_\_\_\_\_ **Session(s):**  1 2 3 4 5 Fall Winter  
(Circle all that apply)

I understand that my child's participation in Elite Sports Training camps/clinics may result in various types of injuries associated with athletics (in rare cases paralysis, and in the rarest of cases death) and I approve of their partaking in the camp/clinic. I will not hold any of the camp instructors liable for any injury my child may sustain while performing the various activities being offered during the Elite Sports Training camp/clinic.

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Parent / Guardian Name

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Parent / Guardian Signature

Throughout camps/clinics, pictures and video may be taken of players performing various drills and sport related activities. EST uses this footage on their website and Facebook page to promote the company and demonstrate to prospective campers what they will engage in when registering for an EST Sports camp/clinic.

I request that EST **NOT** use any photos of my child performing skills on their website. \_\_\_\_\_

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**For Use With Daily Drop Ins Only**

Emergency Contact Info:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_