

**TEAM  
PRIME  
TIME®**

PROUDLY PRESENTS:

**THE PRIME TIME**

SEASON

**22**

**Games**

**A full inclusion after school sports  
program for athletes ages 5-18+ (HS)**



[www.teamprimetime.org](http://www.teamprimetime.org)

**DATES:**

Wednesdays, February 26th - April 2nd

**TIME:**

3:45pm - 5:00pm

**LOCATION:**

Palms Middle School

10860 Woodbine St. Los Angeles, CA 90034  
(South half of campus on Palms Blvd. btwn Kelton & Glendon)

**WINTER SPORTS:**

Basketball and Soccer

**TRANSPORTATION PROVIDED:**

From Village Glen to Palms (\$60 for the season)

**COMING SOON...  
Spring Season**

**DATES:**

Wednesdays, April 23rd - May 28th

**CHAMPIONSHIP SATURDAY:**

Saturday, May 31st

**310.838.7872**

# Prime Time Games 2013-2014

DATE RECEIVED: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCCER \_\_\_\_\_ BASKETBALL \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ (mom/dad) Work/Cell Phone 2: \_\_\_\_\_

CREDIT CARD INFORMATION (VISA/MC): \_\_\_\_\_ \$60 VGW EXP. DATE: \_\_\_\_\_

## EMERGENCY INFORMATION

Emergency contact : \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parent)

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Persons authorized to pick-up child from after school program in addition to Emergency contact and Parent(s)/Guardian listed above:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Does your child(ren) have any physical activity restrictions?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Does your child(ren) have any allergies to any foods or medications?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Does your child(ren) have any dietary restrictions?** \_\_\_\_\_ YES \_\_\_\_\_ NO

*If YES to any of the above, you must submit the Medical Information and Clearance with application.*

**Will your child(ren) be required to take any medication while at Team Prime Time?** \_\_\_\_\_ YES \_\_\_\_\_ NO

*If YES, please submit either the Prescription or Non-Prescription Medication Dispensing Agreement with application.*

**Has your child been diagnosed with ATLANTO-AXIAL INSTABILITY (Down syndrome)?** \_\_\_\_\_ YES \_\_\_\_\_ NO

*If yes, please submit the A-AI release with application.*

**All MEDICAL FORMS CAN BE DOWNLOADED FROM TPT WEBSITE OR REQUESTED BY CALLING (310) 838-7872.**

1. In case of an emergency during which representatives of Team Prime Time are unable to reach me after reasonable efforts, I hereby authorize the Team Prime Time Director, or his or her designee, to obtain whatever medical treatment he or she deems necessary for the welfare of my child. I understand the potential risks involved in the activities provided by Team Prime Time and I hereby agree to assume all such risks, including the risk of injury to my child. I hereby release, and agree to protect, defend, indemnify and hold harmless, Team Prime Time, Inc. and its owners, directors and staff from any and all claims arising out of injury to my child. I also hereby agree to accept full responsibility, financial or otherwise, for the conduct of my child. I further understand that my child may be dismissed from the program for conduct deemed improper by the Director in his or her sole discretion.

2. I hereby give permission for my child to participate in the Team Prime Time program, including transportation and field trips by chartered bus or van in connection therewith. I hereby agree to waive and release all rights that I, my family, heirs or representatives may have to make a claim against Team Prime Time, Inc. and its owners, directors and staff arising from any injury and I hereby agree to indemnify and hold Team Prime Time, Inc. and its owners, directors and staff harmless from any claims, liability, costs, or expenses, including attorney's fees, that I, my family, heirs or representatives might make on my child's behalf or that might be made on my child's behalf by others, or that might be made against me by others, arising from my child's participation in Team Prime Time's after-school program, including my child's transportation by bus or van in connection therewith.

3. I understand that it is my sole responsibility to arrange for signing my child in and out of the program and for arranging for his/her pick up.

4. All pictures, films, tapes or other likenesses of my child taken during Team Prime Time / Prime Time Games are the property of Team Prime Time and may be used for any and all promotional materials.

**I have read the above conditions and agree to comply:**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**PLEASE RETURN SIGNED APPLICATIONS VIA EMAIL to [ryan@teamprimetime.org](mailto:ryan@teamprimetime.org)  
Or FAX to the Team Prime Time Office at (310) 838-8825**