SAINTSATIONS™
ALUMNI ASSOCIATION

Saints vs. Panthers
Alumni Team Presentation
Registration Form

NAME: _____
(First) (Maiden) (Last)

MAILING ADDRESS:
_____

CITY: _____STATE: _____ZIP: _____

CELL PHONE: (_____)_____ E-MAIL ADDRESS:_____

Of Years on Team_____ Years of Membership _____

Team Name: (Madamoiselles, Bon Amies, Angels, Saintsations):_____

Official Saintsation Alumni Shirt (please circle) (please note, shirts run extremely small)

SMALL (2-4) MEDIUM (6) LARGE (8) X-LARGE (10) 2XL (12) 3XL (14) 4XL (16)

_____ Yes, I plan to attend/be presented at the SAINTS v Panthers Halftime at the Louisiana SuperDome on Sunday, November 8, 2009
_____ No, I will be unable to attend but keep me informed of other performances

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SAINTSATION ALUMNI ANNUAL MEMBERSHIP FEE

COST: $50.00 –due with registration
DUE: OCTOBER 20th, 2009
FEE INCLUDES: Saintsation Alumni Official Shirt, Saintsation Alumni Poms, Saintsation Alumni Window Decal, October 12th New Orleans Saints Reception, Optional Sideline seating for participants, Optional Alumni Team photograph, NFL Alumni Association membership opportunities, Participation in all Saintsation Alumni activities and events, and memories that last a lifetime!
ACCEPTED FORMS OF PAYMENT: cash, money order or check
(please make checks payable to St. All-Star, LLC., memo: Saintsation Alumni Association)
MAIL PAYMENT AND COMPLETED REGISTRATION AND WAIVER FORMS TO: Saintsation Alumni Association;PO Box 1062;Mandeville, LA 70470
Attn: Tori Nunez

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Information

WHEN: SUNDAY, November, 8, 2009

WHERE: LOUISIANA SUPERDOME

TIME:	12:00	Arrival
	12:30pm	Refreshments/Pictures
	3:05pm	Kick-off
		Halftime Presentation

TICKETS: All performers will need to purchase a game ticket if they do not already have one. For ticket information, call the Saints ticket office or visit www.saintsticketexchange.com.

PRESENTATION ATTIRE:
SHOES: Black Shoes
SHIRT: White embroidered shirt (Please see order form)
PANTS: Black dress pants of your choice
POMS: White poms (Please see order form)

TO REGISTER:
Alumni may register by emailing the information to saintsations@gmail.com or by mailing Registration Form, Medical Release Form, and payment to:
Saintsations Alumni Association
P O Box 1062
Mandeville, LA 70471
Attn: Tori Nunez

St. All-Star Inc.

CONSENT TO RECEIVE ROUTINE AND EMERGENCY MEDICAL TREATMENT AND RELEASE OF LIABILITY

_____ _____

School Date of Event

This form must be completed by each participant and returned to St. All-Star, Inc. before the applicant may attend or participate in the above captioned program/ function. This form may be released to any third party in order for the applicant to receive medical care in the event of illness or injury. This form must be completed in full and the consent form must be signed below.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: (Work) _____ (Home) _____

FAMILY PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

EMERGENCY PHONE: _____ HOSPITAL: _____

Date of last Tetanus immunization or booster shot _____
Name of any medical condition for which participant is being treated at the present time_____
_____
List all medications participant is currently taking _____
List all medications participant is allergic to _____
List any restrictions of physical activity that apply to participant _____
Detail any other medical information that you feel is important for the safety of participant _____
_____

In consideration of St. All-Star, Inc. (AAS) allowing me to participate in its team summer camp/performance:
MEDICAL TREATMENT CONSENT: I, the undersigned participant, parent or guardian, do hereby grant permission for myself, or my son or daughter to receive the necessary medical treatment in the event of an injury or illness while attending this function and I hereby hold AAS and their representatives, participating hotels and their representatives, and any person(s) affiliated with this event harmless in the exercise of this authority.

For any injury, illness, property damage or loss of any other nature suffered or sustained by me which is in any way associated with or related to my participation in , travel to and from, or activities associated with the above noted program or event, I do hereby, for myself, my heirs, my administrators and my executors, forever WAIVE, RELEASE and DISCHARGE any and all rights and claims for any expenses, damages or other losses that I may have, or that may hereinafter accrue against AAS and/or their respective representatives, officers, directors, employees, agents, successors, assigns and administrators, I further agree to hold them harmless as the result of any claim or damages arising from my participation in activities and events organized and sponsored by AAS.

I hereby in perpetuity grant full permission to AAS, as described above, to use any photographs, videotapes, motion pictures, recordings or any other record of activities of the above named program or event for any legitimate purpose. All photographs, resumes or other submissions taken by or given to AAS shall be the property of AAS.

I further agree not to institute any suit or cause of action at law or in equity, or in any form whatsoever, based on personal injuries or illness of my child or to other persons, damage or loss of property, losses or injuries, known or unknown, arising out of participation in activities and events organized or sponsored by AAS.

PARTICIPANT'S SIGNATURE: _____ DATE: _____