



REGISTRATION FORM

Today: Date: _____

Student's Name: _____ Gender: M or F DOB: _____

Mother's Name: _____ Cell #: _____ Texts? Y or N

Occupation: _____ Work #: _____

Father's Name: _____ Cell #: _____ Texts? Y or N

Occupation: _____ Work Phone: _____

Primary Contact Person: Mother Father Primary Phone #: _____

Primary Contact Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Emer. Contact: _____ Emer. Contact Phone: _____

Does your child have any medical conditions of which we should be aware? Yes No

If yes, please explain: _____

WAIVER and RELEASE: I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in this even/activity. I agree to hold harmless and indemnify The Athletic Edge, its officers, directors, agents, employees (paid or volunteer), and sponsors of any event from all claims, suits, or actions resulting or arising out of the activities, acts of participation, or the performance of services. I further agree the above cited organization and all personnel shall not be liable for any damages or losses occurring as a result of my involvement, or my child's involvement in the event or related activities. I do hereby verify that I fully understand and accept the above conditions for permitting my child to participate in this event/activity. I also give my permission if my child is injured, by using this release form, to get emergency medical attention for her/him that might otherwise be denied.

PRINT NAME of Parent or Legal Guardian

SIGNATURE of Parent or Legal Guardian

-- OFFICE USE ONLY --

Class Name: _____ # of times per week: _____

Tuition: \$ _____ Membership Fee: \$ _____ Total: \$ _____

Multiple Child Discount? _____ Sibling Name: _____