

FORCE ATHLETICS

Registration _____

Check # _____

Student's Name:	_____	Age:	___	Birthdate:	__/__/__
Address:	_____	City:	_____	Zip Code:	_____
Home Phone # (mother):	() _____ - _____	Home Phone #(father):	() _____ - _____		
Email:	_____				
Mother's Name:	_____	Mother's Work #:	() _____ - _____		
Father's Name:	_____	Father's Work #:	() _____ - _____		
Person to contact if parent is unavailable (relative, friend, neighbor)					
Name:	_____	Relationship:	_____		
Phone #:	() _____ - _____	or	() _____ - _____		
Other family members enrolled in Force Athletics: _____					
Family Doctor:	_____	Dr. Phone #:	() _____ - _____		
Medical Insurance Co.:	_____	Policy #:	_____		

PLEASE NOTE: FORCE ATHLETICS Policies

By initializing below I understand these important policies of Force Athletics, Inc., and agree to abide by them.

- ★ Force Athletics, Inc., requires a \$15 registration fee per child \$25 per family be submitted with this enrollment flyer
INITIALS: _____
- ★ Please note that tuition is due by at the start of each monthly session.
INITIALS: _____
- ★ Force Athletics, Inc. has a \$30 charge for returned checks.
INITIALS: _____
- ★ It is the responsibility of the Parent(s)/ guardian to see that their child is picked up immediately after class.
INITIALS: _____

Please check the program in which your child will be participating :

- Thunder Level 1-2 Lightning Level 3-5 Tiny Tumblers

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of _____, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, tumble track, cheerleading. Being fully aware of these dangers, I voluntarily consent the aforementioned person's participation in any and all Force Athletics, Inc. programs and activities and accept all risks associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective biers, administrators, executors and successor, hereby forever release and covenant not to sue Force Athletics, Inc., its officers, directors, share holders, employees, volunteers, and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Force Athletics, Inc.

In the event of an emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Force Athletics, Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any sustained injuries while participating at or for Force Athletics, Inc.

I have read and understand this **acknowledgment of risk** and **waiver of liability** and **medical authorization** and voluntarily affix my name in agreement.

Parent or Legal Guardian's Signature_____
Date

Last Name : _____

First Name: _____

AGE AS OF AUGUST 31, 2009 _____

BIRTHDATE _____