

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 #: _____	
CREDIT CARD NUMBER _____	EXP DATE _____	
VISA _____	MASTERCARD _____	DISCOVER _____ AMEX _____

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 \$35 registration fee per child \$50 per family be submitted with this enrollment flyer
INITIALS: _____
- ★ Please note that tuition is due by the 15th of the month. Payments received after the 15th of the month will be assessed a \$15 late fee.
INITIALS: _____
- ★ Force Athletics, Inc., has a \$30 charge for returned checks.
INITIALS: _____
- ★ A credit card number is required to be on file with Force Athletics. Balances 15 days past due will be automatically charged to the credit card.
INITIALS: _____
- ★ It is the responsibility of the Parent(s)/ guardian to see that their child is picked up immediately after class.
INITIALS: _____
- ★ If the enrolled athlete decides to quit the program after the routine has been completed, you will be charged the remainder of the tuition through the end of the season. (Extenuating circumstances will be considered.) Withdrawal from the Force Athletics program requires a (30) thirty-day written notice. At that time any balance in your fundraising account will be applied to any unpaid amounts, and the balance will be transferred into the general fundraising account.
INITIALS: _____

Number of Teams in 2009-2010 my child is allowed to participate on ____ **(LIMIT 2)**

INITIALS _____

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

CheerForce **DanceForce** **Both**

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 heirs, 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 _____