

ELITE ATHLETICS REGISTRATION FORM

Athlete's Name _____

Age _____ Birth Date _____ Girl Boy

Address _____

City _____ Zip Code _____

Phone # (_____) _____

E-mail Address _____

Father's Name _____

Cell Phone # _____

Mother's Name _____

Cell Phone # _____

Class: _____ Day(s): _____ Time(s): _____

ANNUAL REGISTRATION FEE:

\$30.00 (\$45 for 2 children; \$55 for 3 or more children; \$130 Lifetime Family)

10% discount for 2nd and 3rd child (discounts taken off lesser tuition)

REFUND POLICY:

Registration fees are non-refundable. Tuition refunds will not be given after a session begins.

Are there any medical conditions of which we should be aware? (Example: asthma, diabetes, hearing loss, etc.)

Are any medications being taken which could cause disorientation, loss of balance, perceptual difficulties? Even over the counter products can have an effect. (Please List)

PERSON TO CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENT):

Name _____ Phone # (_____) _____

I, (we) despite all reasonable precautions implemented for safety, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I knowingly and willingly assume all such risks. Consequently, I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Elite Athletics from personal injury or accident of any sort or nature suffered by me, the undersigned, or my child by reason of participation or membership in classes, lessons or any activities of Elite Athletics.

Parent/Guardian Signature and Date: _____

Please mail registration form to:

Elite Athletics

1481 Suite 2 Doss Road

Concord, VA 24538

Class Tuition \$ _____

Registration \$ _____

Total Enclosed \$ _____

For Office Use Only:

Trial Class Date _____

Follow up Phone Call _____

Start Date _____

Registration Fee Paid yes no

Received Policies yes no