

Participant Registration



Complete and return along with all forms and payment.

- Complete Registration Form
- Complete and Sign Waiver Form
- Complete and Sign Financial Agreement Form

All accounts must have a card on file for automatic payment.

*Payments may be made by cash or check in place of the automatic payment if made by the 20th.

- Copy of Birth Certificate (Team Athletes Only)

Family Last Name		Billing Address		City, State, Zip	
Athlete #1 (First, MI)		DOB	Sex	Age as of 8/31	
Athlete #2 (First, MI)		DOB	Sex	Age as of 8/31	
Athlete #3 (First, MI)		DOB	Sex	Age as of 8/31	
Parent #1 or Legal Guardian		Home Phone	Cell Phone	Email	
Parent #2 or Legal Guardian		Home Phone	Cell Phone	Email	
How did you hear about us?			Referral Name?		

*For class students-monthly enrollment is assumed unless written notice is given by the 15th to withdraw at the end of the month

For Office use only:

Start Date	Auto Pay- Financial Agreement	Waiver	Computer	Attendance	Birth Cert.	USASF Registration	Handbook
Class 1 Name	Day	Time	Cost	Class 2 Name	Day	Time	Cost

I understand that I am enrolling my child in the classes above. I further understand that the Fury Athletics logo and name are property of Fury Athletics of Madison, LLC and cannot be used or reproduced without permission.

Parent Signature: _____ Date: _____