



REGISTRATION FORM

FEE: _____	PAID: <input type="checkbox"/>
CC/CHECK/CASH (please circle)	
Entered: <input type="checkbox"/> Attendance	
<input type="checkbox"/> Excel	
<input type="checkbox"/> Filemaker	

Participant Name: _____ DOB: _____ Gender: M F

Address: _____
Street City State Zip Code

Email: _____ Home #: _____ Cell #: _____

Parent Name: _____ Email Address: _____
(if participant is under age 18)

Address (if different than participant): _____
Street City State Zip Code

Emergency Contact/Second Parent: _____ Phone #: _____

Second Parent Email (if applicable): _____

I am registering for:

- SoccerTeam Level: _____ T-Shirt Size: YS YM YL AS AM AL AXL (please circle)
- Tennis Membership.....Type: _____ Single Couple Family
 To reserve a court, please note your first choice of court, day, and time here: _____
- Tennis Lessons.....Grade: _____ or Level: _____
- Gymnastics ...Class Level: _____ Day/Time Requested: _____
- Irish Dance
- Field Hockey
- Fitness Membership... Single Couple Family..... Annual Payment or Monthly EFT or Monthly Payment
- Other: _____

By their very nature, sports or activities that involve motion carry a risk of physical injury. No matter how careful the athlete or instructors are, said risk cannot be eliminated. Potential injuries range from minor injuries, such as bruises, to more serious injuries such as broken bones, dislocations, and muscle pulls, to catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. Participating in these activities carries a reasonable assumption of risk. By signing this release, I hereby for myself, my children, adopted or otherwise, my heirs and executors, waive and release any and all rights against Champions for Life, Inc. their agents or representatives; for any injury or damages that may be suffered by me, my children, adopted or otherwise, in connection with my association or entry into any activity sponsored by Champions for Life, Inc.

YOU WILL NOT BE INVOICED UNLESS OTHERWISE NOTED. ALL PAYMENTS ARE DUE BY THE 1ST OF THE MONTH.
Payments not received by the 5th of the month will be assessed a \$10 late fee. Repeat overdue payments put enrollment at risk.

Please note any medical concerns on the back of this form.

I grant to Champions for Life, Inc. the right to take photographs of me and my family in connection with the above-identified event/program. I authorize Champions For Life, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that Champions for Life may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

 Signature of Participant (Parent/Guardian if participant is under 18) Date

 Signature of Second Participant (Couples/Families) Date