

# REGISTRATION FORM

"Where every kid is a Star!"

### Parent/Family Information

Parent/Guardian:	Home Phone:	Cell Phone:
Spouses Name:	Home Phone:	Cell Phone:
Address:	City:	State:      Zip:
Alternate/Emergency Contact:	Phone #:	Relationship:
<b>Email Address:</b>		
How did you hear about us? <input type="radio"/> Current/Former Student <input type="radio"/> Friend <input type="radio"/> Birthday Party <input type="radio"/> Newspaper Ad <input type="radio"/> Other Ad		

### Student Information

Child # 1 Name:	(Circle) M / F	Birth date:	Age:
Child # 2 Name:	(Circle) M / F	Birth date:	Age:
Child # 3 Name:	(Circle) M / F	Birth date:	Age:
Any Physical Limitations: <input type="radio"/> Yes <input type="radio"/> No    If Yes, Describe:			

### Payment Information (Select only one)

<input type="radio"/> Yes	(Preferred) <b>Automatic Credit Card or Debit Card Draft (Visa or MasterCard only)</b> Monthly - No contract required.
<input type="radio"/> Yes	Monthly Payments by Check or Cash or Credit Card.    Due to postage increases, WE WILL NO LONGER <u>MAIL</u> REMINDER INVOICES.

The undersigned hereby acknowledges that participation in recreational programs and some curriculum activities involves an inherent risk of physical injury and the undersigned hereby assumes all such risks. The undersigned agrees that for the sole consideration of Kidsport allowing the undersigned to participate in programs or curriculum activities. The undersigned does hereby release and forever discharge Kidsport, it's members individually, and it's officers, agents and employees of any and from all claims, demands, rights, and causes of action of whatever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property and the consequences thereof resulting from my participation in or in any way connected with such recreational programs and activities. I understand that the acceptance of this release ad waiver of liability of Kidsport shall constitute a waiver in whole or in part of sovereign immunity by said members, officers, agents and employees. I hereby authorize the directors of Kidsport to act for me according to their best judgment in any emergency requiring medical attention.

I also agree that Kidsport may from time to time film, video tape or photograph my child for the purposes of training, advertising or promotion of Kidsport's program and facilities. This may include, but is not limited to, publishing in newspapers, flyers or Kidsport's website as well as promotional use within the facility.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING. I HAVE ALSO RECEIVED A COPY OF THE RULES AND REGULATIONS OF KIDSPORT.

- **Tuition is due by the first class of each month.**
- **Notification is required when withdrawing from class. Simply not showing up does not relieve you from paying for classes.**
- **A Late fee will be applied to payments after the tenth of each month**
- **There are no refunds or credits issued for missed classes. We do offer make-up classes.**

**Date:** \_\_\_\_\_

**Parent s/Guardian s Signature:** \_\_\_\_\_