

Amazing Athletes, Inc. Registration Form

Child's First _____ Last Name _____ Age _____

School Name _____ Room # _____

School Address _____

Parent's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____

E-mail _____ Cell # _____

Liability Release-

Your child will remain under the care, direction and supervision of the school while receiving instruction from AMAZING ATHLETES. I hereby release and discharge AMAZING ATHLETES, the Childcare Facility and its members from all actions, claims, demands, injury or damage resulting from my child's participation in this activity.

CLASS PAYMENT

Four CLASSES PER MONTH \$ _____

No refunds will be given if your child is absent, or for classes that land on public holidays.

ANNUAL REGISTRATION FEE \$ 15

(Insurance, processing and a free t-shirt)

TOTAL AMOUNT ENCLOSED \$ _____

I give Amazing Athletes, Inc. permission to publish pictures and/or videos of my child participating in the Amazing Athletes program.

Please circle child's shirt size!!!!

xs(2-4) sm(6-8) med(10-12)

Yes No

X _____ Date _____

Signature of Parent/Guardian