



2020-2021
REGISTRATION FORM

PLEASE READ THE ENTIRE AGREEMENT BEFORE REGISTERING

SAFETY –

I understand I am responsible for my child's siblings, family member's, guest's and my behavior and safety while on the A1 Spirit Athletics premises, including gym area, parking lots, bathrooms, waiting areas, etc.

TUITION and FEES –

I understand all payments are due the first day of each month or the day of private, and my card on file will be charged. I understand that I must have a credit card authorization form on file with A1 Spirit Athletics. I understand there will be a \$30.00 charge for all NSF checks. I understand that all unpaid balances are subject to collection agency and related costs.

REGISTRATION FEE -

I understand that there is a non-refundable \$35 annual athlete registration fee is to be paid the day of registration and enrollment.

MISSED CLASSES –

There are no refunds, credits, or prorating of fees for missed days, holidays, class withdrawal, or dismissal.

**LIABILITY RELEASE INFORMATION, ASSUMPTION OF RISK,
COMMITMENT, AND MEDIA RELEASE-**

I, the undersigned parent or guardian, do hereby grant permission for my athlete, whose name is listed on this registration, and hereinafter shall be referred to as "participant", to participate in practices, competitions and any and all other activities offered by A1 Spirit Athletics. In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby authorize A1 Spirit Athletics staff to obtain medical treatment for the participant for such injury or illness, and I hereby hold the owners and A1 Spirit Athletics, any agent, employee, or

any representative of Allstar Athletics harmless in the exercise of this authority. I further acknowledge, understand and agree that in participating in these practices, competitions and any and all other activities offered by A1 Spirit Athletics there is possibility of physical injury (minimal, serious or catastrophic) or illness, and that participant is assuming the risk of such injury or illness by participating. I further acknowledge and understand that my participant is assuming the risk of such physical injury or illness. Therefore in consideration of participating in practices, competitions and any and all other activities offered at A1 Spirit Athletics, I, my heirs and assigns, spouse, athlete, next of kin, and all others acting on my behalf, agree to indemnify and hold harmless the owners, A1 Spirit Athletics, any agent, employee, or any representative of A1 Spirit Athletics, from any and all liability, loss, damage, or claims arising from injury or illness incurred by participant during the course of participating in practices, competitions and any and all other activities offered by A1 Spirit Athletics. Including reasonable attorney's fees resulting from claims, cause of action, demands and costs of judgment.

I also give permission to A1 Spirit Athletics and its designees to photograph, videotape and/or audio tape the participant during any A1 Spirit Athletics activity. I further give permission for such photographs, videotapes and/or audiotapes to be used in print or broadcast media as deemed appropriate for the promotion of any A1 Spirit Athletics activities.

Parent/Guardian Signature: _____
Date: _____

