



OFFICE USE
Members \$25 _____
Non-Members \$40 _____
Date _____
Staff Initials _____

REGISTRATION FORM

Participant's Name _____ Male/Female _____

Address _____ City _____ Zip _____

Date of Birth _____ Age _____

Parent/Guardian Name(s) _____

Home/Cell Phone _____ Work Phone _____ Email _____

Emergency Contact (If different than above) _____

EXPERIENCE LEVEL (Please circle your child's experience in the sport): No experience, Average, Advanced

SHIRT SIZE Please select one youth size: Small _____ Medium _____ Large _____ X-Large _____

VOLUNTEER INFORMATION

We need your help! Volunteers are what make a difference in these programs. If you would be willing to help change the lives, please circle all that apply and give us your name and phone number.

Coach

Assistant Coach

Volunteer Name _____ **Phone Number** _____

I support the philosophy which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

WAIVER & RELEASE OF LIABILITY

I hereby certify that my child is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize Fitness Lifestyle to obtain medical treatment for my child in the event that the parent(s), or guardian(s), or contacts cannot be reached.

PICTURE RELEASE: I DO/I DO NOT (circle one) give permission to have our picture appear in any media type coverage approved by Fitness Lifestyles.

Signature of Guardian

Date