

**Registration
& Liability Release
Sports Instruction Programs**

Office Use Only:

1st - Class Day & Time _____

2nd - Class Day & Time _____

3rd - Class Day & Time _____

HOW DID YOU FIND OUT ABOUT US?

Treasure Valley Family Ad ____ Kids Directory Ad ____ Newspaper Ad ____ Yellow Pages ____ Child Care ____
Web Search ____ Friend/Family Member ____ Television ____ Radio ____ Mail Piece ____ Other _____

Today's date _____

1st - Student's Full Name _____ Male/Female Birthdate: ____/____/____

2nd - Student's Full Name _____ Male/Female Birthdate: ____/____/____

3rd - Student's Full Name _____ Male/Female Birthdate: ____/____/____

Home Phone _____ Address _____ City _____ State _____ Zip _____

Mother's Full Name _____ Participant? Yes No Employer _____

Mother's Cell Phone _____ Mother's Work # _____ Mother's E-mail _____

Father's Full Name _____ Participant? Yes No Employer _____

Father's Cell Phone _____ Father's Work # _____ Father's E-mail _____

Emergency Contact _____ Phone _____

Health Insurance Carrier _____

**** Please declare any physical problems or restrictions (including those of adults who are participating with or without a child) and list any mental or special custody situations that would be important for us to be aware of such as allergies, diabetes, heart conditions, etc.**

Please read this Liability Release Form carefully and sign as indicated.

In consideration of allowing the previously-declared participant(s) to begin participation in Center for Athletic Training Success (C.A.T.S.), LLC activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Center for Athletic Training Success (C.A.T.S.), LLC, a California Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Center for Athletic Training Success (C.A.T.S.), LLC is conducted, or any premises under the control and supervision of Center for Athletic Training Success (C.A.T.S.), LLC its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Center for Athletic Training Success (C.A.T.S.), LLC, its owners, officers, agents, or employees.

Assumption of Risk - Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Medical Release

The undersigned gives permission for the Center for Athletic Training Success (C.A.T.S.), LLC owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Marketing Release

I understand that my child's likeness may be used by Center for Athletic Training Success (C.A.T.S.), LLC for ads, promotional videos, website material, or various other marketing. These images will be used for Center for Athletic Training Success (C.A.T.S.), LLC purposes only, and will not be given or sold to outside companies or individuals.

Payment Information

There is a one-time registration fee due at the time of initial registration. Payment for recreational classes is due at time of registration for the class(es). Team Tuition is due by the first of each month and is based on flat monthly rates. **Center for Athletic Training Success (C.A.T.S.), LLC** is closed for certain holidays and tuition reflects any closures. If accounts are paid after the tenth of the month there will be a 10% late fee applied to the account balance. If, however, you need to make different payment arrangements please come to the front desk and we'll be happy to discuss a plan. Accounts that become 30 days overdue will be considered grounds for collections action. There is a \$25.00 returned check charge for any checks returned by the bank. No refunds will be given. **I understand that if I bounce checks, or am late with payments, that Center for Athletic Training Success (C.A.T.S.), LLC could require automatic credit or debit card payments from that point forward.**

Parent/Guardian Signature _____ **Date** _____

Participant Signature if over 18 years of age _____ **Date** _____