



Family Registration Form

MOTHER: FIRST: _____ LAST: _____ DL# _____

FATHER: FIRST: _____ LAST: _____ DL# _____

MOTHER CELL: ____/____-____ TEXT? Y N HOME: ____/____-____

FATHER CELL: ____/____-____ TEXT? Y N WORK: ____/____-____
 Mother
 Father

EMERGENCY CONTACT NAME: _____ EMERGENCY PHONE: ____/____-____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS 2: _____

1ST CHILD:

First: _____ MI: _____ Last: _____ Birthday: ____/____/____

Circle: Male Female School: _____ Grade: _____

2ND CHILD:

First: _____ MI: _____ Last: _____ Birthday: ____/____/____

Circle: Male Female School: _____ Grade: _____

3RD CHILD:

First: _____ MI: _____ Last: _____ Birthday: ____/____/____

Circle: Male Female School: _____ Grade: _____

Company/Employer: _____

Health Ins. Co.: _____ Policy Number: _____

Group Number: _____ Health Co. Phone: _____

Any intolerance to drugs and medication: _____

Any previous illness, condition, or injury the gym's staff should be aware of: _____

Please circle ALL Premier advertising that you have seen or heard: Newspaper Magazine Flier Radio Ad School Program

Other: _____

Minor Release for registered participant(s) under age 18

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, _____, as the parent or legal guardian of _____, a minor or minors (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in Athletic and Related Activities (hereinafter "Activities"), to be conducted by Premier Athletics. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Premier Athletics on whose premises the activities will occur (hereinafter the "Location") the affiliates of Premier Athletics and the Location, and the respective directors, officers, representatives, members, agents and employees of Premier Athletics, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Activities, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) Minor may incur or sustain during the Activities and while traveling to and from the Location whether or not the Activities actually occur. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Activities. In the event of such illness or injury, I authorize Premier Athletics to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Activities and while traveling to and from the site for the Gym whether or not the Gym activity actually occurs.

I further acknowledge and understand that Premier Athletics has established gym facility guidelines pertaining to conduct, behavior and activities, by which Minor and I agree to abide, and that Minor and I will be responsible for his/her/my failure to abide by those guidelines. Minor and I have received, read and understand the guidelines, which I acknowledge may be updated or revised by Premier Athletics at any time. Minor and I understand that violation of the guidelines can result in dismissal from the gym facility with no refund.

Appearance Agreement. I understand that Premier Athletics from time to time produce promotional material relating to its programs. I understand as a participant and/or a spectator, that Minor may be included in video or photographs taken during the Activities. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Premier Athletics, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or video Minor and to utilize such video and photographs and Minor's name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities or advertising and promoting similar Activities. I further understand that neither Premier Athletics LLC nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Signature of Parent or Legal Guardian: X _____ **Date:** _____

Tuition Policy:

Monthly tuition is due **on or before the 1st of the month**. For example, June's tuition is due on June 1st. The tuition rate will increase by \$10 on the 2nd of the month. All unpaid class students as of the 8th of the month will be automatically dropped from class. Withdrawing enrollment notice needs to be given to the office by the 15th of the previous month in the form of an email or through the online parent portal. If you do not receive confirmation of termination, please call the office.

All team/class students must be enrolled in Auto-Pay for monthly tuition.