



REGISTRATION FORM

(315) 252-9305

OFFICE ONLY	
Attend:	_____
Bookkeep:	_____
Filem:	_____

Mail this form to: Champions for Llife, P.O. Box 1228, Auburn, NY 13021

PARTICIPANT 1 BIRTHDATE MALE FEMALE

PARTICIPANT 2 BIRTHDATE MALE FEMALE

PARTICIPANT 3 BIRTHDATE MALE FEMALE

STREET

CITY STATE ZIP

PHONE MOBILE

E-MAIL (required)

Parental Information (if under 18):

Check if same address as above

PARENT 1 PHONE

STREET CITY STATE ZIP

E-MAIL

PARENT 2 PHONE

STREET CITY STATE ZIP

E-MAIL

Sport or Activity

Gymnastics Tennis Soccer Golf Karate Lacrosse Home. Rec Dance Pre-school Summer Camps

Desired class type, day and time. Or, indicate your desired tennis court time. _____

Start Date _____ Shirt Size (league soccer only) Youth: S M L Adult: S M L XL

Membership Type (Fitness & Tennis Only): Single Couple Family Fee \$ _____

By their very nature, sports or activities that involve motion carry a risk of physical injury. No matter how careful the athlete and instructor are, the risk cannot be eliminated. Potential injuries range from minor injuries, such as bruises to more serious injuries such as broken bones, dislocations and muscle pulls, to catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. Participation in these activities carries a reasonable assumption of risk. By signing this release, I hereby for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights against Champions For Life, their agents or representatives; for any injury or damages that may be suffered by me, my children adopted or otherwise, in connection with my association or entry into any activity sponsored by Champions for Life.

You will not be invoiced. All payments due by the first class of month or start of activity's session.

Please note any medical concerns on the back of this form.

SIGNATURE (Parent/Guardian if under 18)

DATE