



Class Registration Form 2019-2020

Student Information			
Student Name:	Sex:	Age:	DOB: _____ / ____ / ____
Mother's Name:	Father's Name:		
Address:	City:	ST:	Zip:
Home Ph:	Mom's Cell:	Mom's Work Ph:	
Mom's Email:	Dad's Cell:	Dad's Work Ph:	
Dad's E-mail :	Alternative Contact:	Emergency Ph:	
Are there any medical conditions/allergies to which we should be alerted? <input type="checkbox"/> Yes (Please Specify below) <input type="checkbox"/> No			
MEDICAL TREATMENT AUTHORIZATION			
I hereby certify that I am the parent or legal guardian of the named participant. I hereby authorize Legendary Athletics Group, its employees, coaches, and/or staff to act on my behalf in my absence to secure necessary emergency medical treatment for the participant. I agree to be solely responsible for all expenses and costs related to such emergency treatment. I further agree to indemnify Legendary Athletics Group for any expenses and costs it may incur in such treatment.			
_____		_____	
<i>Signature of Parent/or Legal Guardian</i>		<i>Date</i>	
How did you hear about us? <input type="checkbox"/> Friend <input type="checkbox"/> Advertisement/Publication—which one? _____			
<input type="checkbox"/> Birthday Party <input type="checkbox"/> Internet/Website <input type="checkbox"/> Other _____			
Selected Classes			
Class Level:	Coach:	Day:	Time:
Class Level:	Coach:	Day:	Time:
Payment Information <input checked="" type="checkbox"/> check payment method			
Annual Registration Fee (<i>prorated quarterly</i>)			\$
			\$
FOR OFFICE USE—Form of Pmt.: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash			\$ TOT.
CREDIT CARD ON FILE (REQUIRED GUARANTEED FORM OF PMT.*)			
<i>*charged to account only if payment is not received on or before the 8th of each month</i>			
Card Holder Name:		Card Type: VISA or MasterCard	
Credit Card #:		Exp Date:	CCV:
Billing Address & Zip Code (if different from Client):			
<p>I fully understand the Legendary Athletics Group tuition payment policies of which I am in receipt. I understand that Legendary Athletics Group requires ACH information to be on file. I authorize Legendary Athletics Group to charge the Ach information on file to collect payment for unpaid tuition and all other unpaid items charged by me and/or student(s) on my personal account that are outstanding on the 1st of each month. In the event that my account is past due, I understand that charges will include a \$10.00 late fee as specified in the payment policies.</p> <p>I am aware that check payments or automatic checking account debit transactions with insufficient funds will result in a \$35 returned check fee to cover bank penalty charges plus any additional fees. Returned checks or insufficient bank fund debits exceeding two instances will result in suspension of my check writing privileges / automatic checking account agreement.</p> <p>Legendary Athletics Group requires a "30-Day Written Drop Notice" which is strictly enforced. This notice must be received before the first of the month PRIOR to the month dropping. Failure to give notice will result in full payment for one month of tuition. I have read and agree to comply with this requirement.</p>			
_____		_____	
<i>Signature of Parent/or Legal Guardian</i>		<i>Date</i>	



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in Legendary Athletics Group, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Legendary Athletics Group, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance or any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date: _____
Printed name of participant

_____ DOB: _____
Signature of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

_____ Date: _____
Signature of Parent/or Legal Guardian

MEDIA RELEASE

I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. Further, I understand others, with or without the consent of Legendary Athletics Group may use and/or reproduce such photographs and recordings. I hereby release Legendary Athletics Group and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers agents and employees from all claims of every kind on account of such use.

Parent / Legal Guardian Signature: _____ Date: _____