

Augusta Ranch 2009 Summer Sports Camp

By Athletic Fitness

PLEASE PRINT CLEARLY

REGISTRATION FORM

MAKE CHECKS PAYABLE TO: *Athletic Fitness*

REGISTRATIONS CAN BE DONE ONLINE AT AZATHLETICFITNESS.COM

STUDENT NAME: _____ \$120.00 fee: _____

(*REGISTRATION FEE IS FOR SPORTS PROGRAM ONLY.) SESSION I: _____ SESSION II: _____

JUNE 1ST THRU JUNE 18TH -- JUNE 29TH THRU JULY 16TH

SCHOOL: _____ GRADE: _____

T-shirt size: (PLEASE CIRCLE ONE) YS YM YL S M L XL

Home Address: _____ APT # _____ City _____ Zip _____

Home Phone number: _____ EMAIL: _____

Parent's Name: _____ Day Phone Number: _____

Please print clearly!

Emergency Contact Name _____ Phone: _____

What is the relationship _____ (i.e. grandparent, neighbor, guardian)

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the Athletic Fitness and or Gilbert Public Schools do not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless Athletic Fitness and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against Athletic Fitness, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following as a condition precedent to participating in the Augusta Ranch 2008 Sports camp. I as the parent and / or legal guardian of : _____ (Students Name) agree to maintain health insurance for my son/daughter while he/she participates in this camp. If I do not maintain health insurance for my son/daughter, I agree to purchase the student accident insurance policy offered by the camp through the school district. I have read and clearly understand the above statements. I realize this is a contract between myself and Athletic Fitness and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian

SIGNATURE AND Printed Name

DATE

FEE: \$ _____ Check# _____