

Champion Training Center, LLC.

Greater Danbury's 1st & Finest Athletic Training Center

64 Mill Plain Road ★ Danbury, CT. 06811 ★ (203)798-8656 ★ (203) 748-3054 Office

Champion4kids@aol.com ★ www.champion4kids.com

~~~ REGISTRATION FORM ~~~

STUDENT

FIRST NAME _____ LAST NAME _____

ADDRESS _____

City _____ State _____ Zip _____ Referral _____

Birthday _____ Age _____ Grade _____ School _____

Home # _____ Gender _____ E-Mail Address _____

Mother's Name _____ Cell _____ Father's Name _____ Cell # _____

EMERGENCY CONTACT

Name _____ Phone # _____

Medical Information			
Physician _____	Phone No. _____		
Address _____	City _____	State _____	Zip Code _____
Primary Medical Insurance Carrier (Provider) _____			
Name of insured (Participant) _____		Main Policy Holder _____	
Policy # _____	Phone # _____	Date _____	

I _____, the parent/guardian of _____, a minor (hereinafter "Minor") give permission for my child to participate with Champion Training Center, LLC.(hereinafter "Champion"), in all such programs and activities. I understand that in any activity, such as cheerleading or tumbling, and other sports related activities, there is an inherent risk, in which minor or serious injury/illness or catastrophic injuries or death can occur. I acknowledge and understand these risks involved for my child to participate in this activity and I assume these risks. I further agree to hold harmless, Champion, affiliates, coaches, students and all associated officers for any injury, sickness or other as stated above sustained as a result of my child/children's participation in this activity. In the event of such illness or injury, I authorize Champion to obtain necessary medical treatment of Minor and hereby, on my own behalf and on behalf of Minor, release and hold harmless Champion, the Hosting site, on whose premises the courses will occur. 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 the Minor. I hold harmless, Champion, affiliates, coaches, students and all associated officers while traveling with Champion for any and all activities.

Champion Training Center, LLC. Policies

I further accept and agree that: (1)I am registering the participant for activities and/or classes and agree to make the payments as set forth with Champion; (2) I and the participant will faithfully comply with all rules and regulations of Champion; (3) Failure to complete or attend classes, practices or other activities does not alleviate you of your obligation to pay full balances and/or tuition and on time; (4) a late fee of \$20.00 will be charged against any payment not received within 5 days of the respective due date; (5) all expenses associated with collecting your past due balance owed to Champion will be assumed by you (ex- attorney, fees, collection agency); (6) a \$25.00 fee will be assessed against all returned checks; (7) there are no refunds whatsoever of any payments. (8) I understand that I will be responsible for a \$20 cancellation fee if said participant cancels a private lesson with less than 24 hours notice.; (9) Champion may use my child/children's name(s), picture(s) or likeness in any advertisement or promotion for Champion in any form; (10) Champions yearly non refundable registration fee is \$40.00 per student (11) No deductions for missed practices or cancellations, all make up classes must be done within each session.

Champion suggests that all participants have a physical exam or a discussion with their physician prior to physical activity. Please advise us in writing if the participant suffers from any allergies, asthma, or any ailments, which may impair their ability, otherwise you are representing to us that the participant's physically fit to participate in our programs. I acknowledge that any medications to which Minor are allergic or currently taking is listed below. I agree that Minor shall bring medications which they are currently taking to any and all Champion activities. All said medication shall be in its original container.

Allergic _____ Medications _____

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

_____ Date _____
Signature of Parent or Legal Guardian

Print Name _____ Participating in: _____ (for office use only)