



# REGISTRATION FORM AND WAIVER

Child's Name (1): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name (2): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name (3): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name (4): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Address: \_\_\_\_\_ (city) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone(s) (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Address: \_\_\_\_\_ (city) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone(s) (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact (other than Parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dr. Name: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Injuries: \_\_\_\_\_ Disabilities: \_\_\_\_\_

How did you hear about **IMPACT SPORTS CENTER**? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*I, the undersigned parent or guardian, do hereby agree to allow the individual named herein to participate in Impact Sports Center's program. I understand that any physical activity has the risk of injury and agree to indemnify and hold Impact Sports Center harmless from any and all liability for any injury suffered by the participant, arising from, or in any way connected with participation.*

I give Impact Sports Center permission to take photos of my child. \_\_\_\_\_  
initial

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:					
Trial Info (1):	Day _____	Time _____	Date _____	Class _____	Teacher _____
Trial Info (2):	Day _____	Time _____	Date _____	Class _____	Teacher _____
Trial Info (3):	Day _____	Time _____	Date _____	Class _____	Teacher _____
Trial Info (4):	Day _____	Time _____	Date _____	Class _____	Teacher _____