



PowerKids Center Registration & Liability Release Sports Instruction Programs

Mother's First Name: _____ Last Name: _____
Family Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Cell #: _____ Work #: _____
Mother's E-mail: _____

Father's First Name: _____ Last Name: _____
Family Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Cell #: _____ Work #: _____
Father's E-mail: _____

Emergency Contact: _____ Phone: _____
Relationship to Student: _____ Home Phone: _____ Cell: _____ Wk: _____

Health Insurance Carrier: _____ Subscriber #: _____
Choice of Hospital: _____ Primary Care Physician: _____
*** Please declare any physical problems or restrictions (including those of adults who are participating with or without a child) and list any mental or special custody situations that would be important for us to be aware of:

1st Student's Full Name: _____ Male/Female Birthdate: ____/____/____ Age _____
Class Name: _____ Class Day(s): M T W Th F S Class Time: _____

2nd Student's Full Name: _____ Male/Female Birthdate: ____/____/____ Age _____
Class Name: _____ Class Day(s): M T W Th F S Class Time: _____

3rd Student's Full Name: _____ Male/Female Birthdate: ____/____/____ Age _____
Class Name: _____ Class Day(s): M T W Th F S Class Time: _____

OFFICE USE ONLY
Trial __ Enrollment __ Drop-In __ Evaluation __
Class Name _____
Trial Date _____ Enrollment Date _____
Registration Fee Posted ____ Red Zone Checked ____



- PLEASE READ AND SIGN LIABILITY AND RELEASE FORM ON THE BACK -

Liability and Release Form Please read carefully and sign as indicated

In consideration of allowing the previously-declared participant(s) to begin participation in PowerKids Center activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless PowerKids Sportsplex, Inc and Aftershock Gymnastics, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, (or loss of property), that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which PowerKids Center is conducted, or any premises under the control and supervision of PowerKids Sportsplex, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by PowerKids Sportsplex, Inc., its owners, officers, agents, or employees.

Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

The undersigned understands that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of California.

Medical Release

The undersigned gives permission for the PowerKids Sportsplex, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Marketing Release

Occasionally the PowerKidsCenter uses photos or video of its students in print ads, on its website, or other marketing mediums. I understand that my child's likeness may be used in such advertising. These images will be used for PowerKids Center purposes only, and will not be given or sold to outside companies or individuals.

Payment Information

An annual membership due of \$48 on your registration anniversary. Our tuition schedule is based on individual members only. 20% discount for each additional family member. New members are welcome to join a class any time during the month or session at a prorated fee. Class tuition is charged on the 25th of each month for the next month of classes. If you need to drop or change your child from a class, simply fill out a written change or drop notice which you can pick up at the office. Please submit the form by the 25th of the month to apply for the next month of classes.

How did you find out about us?

Previously Enrolled__ Internet__ Social Media__ Referral__ Kids Directory__
Birthday Party__ After School Mag__ Open Gym__ Camp Program__ Other__

Please Initial:

30 Days to do a Makeup Class (active students only) _____
Notice to office by the 25th of the month to Drop Class _____

By signing below I am acknowledging that I have read and understand the above information.

Parent/Guardian Signature _____ Date _____

Participant Signature (if over 18 years of age) _____ Date _____

Credit or Debit Card Charge Authorization Agreement (Monthly Auto-Pay)

I hereby authorize PowerKids Sportsplex, Inc., dba PowerKids Center and Aftershock Gymnastics, to charge my credit or debit card for all services and products related to my family's enrollment in classes and activities at PowerKids Center, including but not limited to tuition, memberships, special events, accessories, etc. (Note: Fees are subject to change). I understand my credit or debit card will continue to be charged on a monthly, session or periodic basis unless I notify the front office at PowerKids Center. I understand that it will not be sufficient notice to merely tell an instructor or supervisor of our intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including written notice to PowerKids Center of any intent to discontinue by the 25th of the current month. I agree to notify PowerKids Sportsplex, Inc. immediately of any change in the status of my charge account including but not limited to card expiration, name change, limitation of use, loss or theft of the card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

Credit or Debit Card Type: VISA MC

Card #: _____ Exp. ____/____ CVV# _____

Billing Address: _____ City: _____ ST./Zip _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____