



Capital Elite Athletics

Please fill out completely and return to CEA

Annual Registration Fee of \$50 for one child and \$80 for a family will hold a spot for your child for 12 months and includes a CEA T-shirt. Registration fees and first month's tuition must be paid before starting classes.

How did you hear about us? _____
Drive by, flyer, website, commercial, employee, CEA member, post card, event?

If a CEA member told you about us...who was it? _____ (CEA Member Name).

Your Child's First and Last Name: _____

Gender: Female or Male Age _____ Birth date: ____ / ____ / ____

Home Address: _____ City: _____ Illinois Zip: _____

Home Phone: _____

Mother's First Name: _____ Last Name: _____

Father's First Name: _____ Last Name: _____

Mother Cell #: _____ Father Cell #: _____

We communicate frequently by email—for weather cancellations, special offers, camps, clinics, etc. So please print your email neatly to make sure we get it right. **Please add CEA on Facebook. We update it frequently with current gym activities!**

Email: _____

Does Your Child have any medical conditions, allergies, previous injuries that we should be aware of? If so please be specific: _____

Authorization, Release, and Waiver Must be Initialed and Signed to participate

In the event of an injury, illness, or emergency:

I authorize Capital Elite Athletics and its representatives to consent to medical treatment for my child when I cannot be reached

I confirm that I/we have medical insurance coverage on my child and will at all times. I also understand that Capital Elite Athletics does NOT have medical or supplemental medical insurance if my child were to be injured and I am responsible for all medical bills resulting in any injury. Medical Insurance Company: _____

Occasionally a child will let the staff know they have mild aches, pains, or headache:

I authorize CEA Staff to give my child Ibuprofen or Tylenol according to its instructions when deemed necessary.

Occasionally we will add photos of the gym, members at practice/competitions, or other events to our brochures, website, and other marketing materials. We will also have occasional commercials running on local television channels. I authorize CEA to use photographs, video and/or other likenesses of my child for use in it's promotional materials, sales and marketing, website, and waive any rights of compensation or ownership thereto.

I am fully aware and understand there are risks involved in any sport my child participates. Any activity involving motion height, rotating, jumping, tumbling, tossing, or athletic activities creates the possibility of injury including but not limited to: bumps, bruises, cuts, scrapes, scars, broken bones, sprains, strains, paralysis, permanent injury to limbs, neck, or back and even catastrophic injury. I enroll my child in the CEA Program understanding there are these risks. I also realize my child will be re-enrolled each Month unless I give 15 day's written notice of leaving the program, otherwise, I will be responsible for the next month's tuition.

As a parent or legal guardian of the above named child, I understand that my child cannot participate unless the waiver is initialed and signed and my child has medical insurance. I agree to hold the owners, staff, officers, and representatives of CEA harmless for any injury or resulting medical expenses and release and discharge all rights and claims. We must have 15 days written notice of quitting the CEA program. I understand that all fees are nonrefundable if I do not give 15 days' WRITTEN NOTICE to the office. All registration fees are non-refundable and are good for one year from today's date. We have the right to refuse service to anyone at anytime.

Parent Signature: _____ Today's Date: _____

For Office Use:	
Amount Reg. Fee pd: _____	Amount Tuition Pd: _____
Total Payment: \$ _____ Cash/Charge/Check # _____	
Date Paid _____	
Class Level Enrolled in: _____	
Class Day: _____	
Time: _____	
T-Shirt Size: _____ T-Shirt given yes or no	