



# Central Illinois Athletics Registration Form

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|---|-------------------------|
| 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       |                         |

Please fill out completely and return to CIA

Annual Registration Fee of \$50 Per child will hold a spot for your child for 12 months and includes a CIA 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, CIA member, post card, event?

If a CIA member told you about us....who was it? \_\_\_\_\_ (CIA 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 CIA 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 Central Illinois 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 Central Illinois 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 CIA 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 CIA to use photographs, video and/or other likenesses of my child for use in its 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 CIA 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 months 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 CIA 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 CIA program. I understand that all fees are non refundable 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: \_\_\_\_\_