

## Athletes In Training Registration Form

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_

Allergy Info: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

How should your child be released from AIT? (Circle one)

Walk or bike      parent pick up      after school program      other \_\_\_\_\_

I give permission to Athletes In Training to publish pictures of my child participating in the AIT Program.

Yes \_\_\_\_\_ No \_\_\_\_\_

Please fill in the session(s) that your child will be participating in along with the club fee.

School and Session Date(s):	Session Club Fee:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Processing Fee	\$ <u>5.00</u> _____
Total Amount Enclosed	\$ _____

All Transactions are final unless written notification is received 5 days prior to the start of the session.

Liability Release:

I release and discharge Athletes In Training from all demands, claims, injury or damage resulting from my child's participation in the Athletes In Training Program.

Parent / Guardian Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Send Payments To: Athletes In Training \* 1763 W. Coconino Drive \* Chandler, AZ 85248