



Guest Relations Staff Only	
Registration ___/___/___	Staff _____
CC receipt# _____	Staff _____
Check # _____	Staff _____
Key Tag # _____	Staff _____

## Registration Form

PARTICIPANT NAME: \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_

TEAM: \_\_\_\_\_

PARTICIPANT SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NEIGHBORHOOD/ COMMUNITY: \_\_\_\_\_

CITY: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ Work/Cell \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

Participant Email \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Number: \_\_\_\_\_

AAU # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

By the enrollment of my child in this program, sponsored by Huntersville Family Fitness & Aquatics, I certify that I have disclosed to this facility any restrictions or conditions that may hinder myself and/or my child's participation in this program. In signing this waiver, I also give my permission for myself and/or my child to participate in all activities associated with this program, including those activities/field trips required or involving transportation.

I furthermore hereby release, discharge and hold harmless Huntersville Family Fitness & Aquatics & Carolina Diving Academy, its employees, volunteers, instructors and contractor from all actions, claims demands and costs for any injury or illness suffered by myself and/or my child as a result of participation in this program and associated activities.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Participant Signature (Parent/Guardian signature if under age 18)

Date