



# 12 Week Youth Program Registration

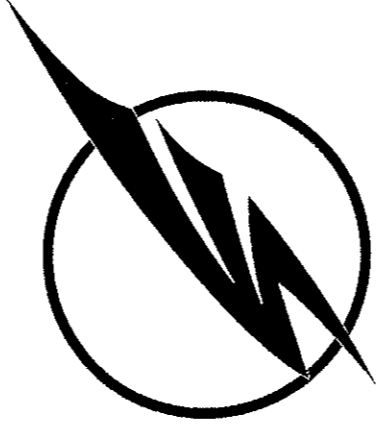
Program Title \_\_\_\_\_

Starting Date \_\_\_\_\_

Date of Sign Up _____	
This is a legal document. Please read and sign both pages.	
Child's Last Name	Age (at time of session)
First	Date of Birth
Middle Initial	Middle Initial
Parent/Guardian Last Name	First
Home Phone	Middle Initial
Cell Phone	Business Phone
Address	City
E-Mail Address	State
Emergency Contact 1. Name	Zip Code
2. Name	Phone
<b>Application Information</b>	

How did you hear about this program?  
\_\_\_\_\_  
\_\_\_\_\_

Processed by:	_____
Additional 12 Week Program Fee (Member)	_____
12 Week Program Fee (Non-Member)	_____
Prorated Fees (if applicable)	_____
Program Start Date	_____
Total Due with Agreement	_____
Paid by (circle one)	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Am. Express <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check
(Please make checks payable to Sports and Field)	



**Registration:** Registration is done on a first come first serve basis. Spaces will not be held. Registration must be completed before child begins the program.

**SIGNATURE REQUIRED ON REVERSE SIDE**

SLK\_TAM: #880364v4

Sports and Field, 2029 Arrowgrass Drive, Wesley Chapel, FL 33544

YOUTH PROGRAM AGREEMENT FOR SPORTS AND FIELD:

In making this Application, I understand and agree that:

All Participants are subject to approval of Sports and Field. A Participant does not confer or include any interest or ownership in the facilities or assets of Sports and Field, or grant any right to participate in all or any activities provided. No Participants may sell or transfer any services included in the program. Initiation Fees are subject to change. The program fees are non-assessable. The programs at Sports and Field and use of the facilities are subject to the Rules and Regulations that are adopted from time to time by Sports and Field.

Failure of Sports and Field to enforce any Rules and Regulations of Sports and Field or any conditions or rights under this program Agreement shall not be deemed or construed to be a waiver by Sports and Field of said Rules and Regulations, conditions, or rights. Sports and Field may decide in its sole discretion whether to enforce certain Rules and Regulations when appropriate. I, as the program participant, am required to furnish identification to enter the facilities of Sports and Field. Sports and Field will provide each Participant with acceptable means of identification, at no additional cost to the Participant.

All dues, program fees, and amenity fees will be payable upon sign up and charged to an approved credit card. The Participant hereby authorizes such charge. If any payment is denied for any reason, a statement will be mailed to the Participant and payments will be due immediately. If this statement is not paid within twenty (20) days of the date billed, the Participant will be subject to a late fee of \$15.00 to cover the additional administrative and rebilling costs. Any Member whose account remains unpaid thirty (30) days after the date charged may at the sole discretion of Sports and Field, have his or her privilege to participate in the program terminated. In addition, upon failure of a Participant to make any required payment to Sports and Field of any amount due, we may initiate collection activities on a Participant's account (even if such Participant's privilege has been terminated). The collection expenses, which will be collected from the Participant, may include a reasonable attorney's fee.

CANCELLATION POLICY: the provisions for termination of the Agreement are as follows:

Any cancellation by a Participant shall not be subject to a refund. Any partial completion of a 12 week program is not subject to refund. If Sports and Field ceases its business operations or moves its facilities further than five (5) driving miles from the location in this program Agreement and does not provide facilities of comparable quality within such five (5) mile location at no additional cost, the Participant may terminate his or her participation and receive a prorated refund of dues paid based on the remaining portion of the program. Any notice of cancellation by a Participant shall also terminate automatically the Participant's obligation to any entity to whom Sports and Field has subrogated or assigned the Participant's contract. If the Department of Agriculture and Consumer Services (the "Department") determines a refund is due to the Participant, the refund shall be an amount computed by dividing the Agreement price by the number of weeks remaining in the agreement term. Should Sports and Field cease its business operations, the Participant should contact the Department within sixty (60) days for additional information. Sports and Field shall not be deemed out of business when temporarily closed for repair or renovation of the premises (a) upon sale, for not more than fourteen (14) consecutive days; and (b) during ownership, for not more than seven (7) consecutive days and not more than two (2) periods of seven (7) consecutive days in any calendar year.

All participation is done at the risk of the program participant and his/her. Guest and Sports and Field is not liable for personal injury, theft, or loss of personal property. The Participant acknowledges that Sports and Field will not accept responsibility for theft or damage to personal property left in a locker or in the Sports and Field facilities or for theft or damage to automobiles or personal property left in the parking lot. Sports and Field suggests that the Participant does not bring valuables on our premises.

GENERAL RELEASE:

IN CONSIDERATION OF MY CHILDREN ("CHILDREN") PARTICIPATING IN YOUTH PROGRAMS AND BY SIGNING THIS FORM, PARENT HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Sports and Field, Inc. ("Sports and Field"), its successors, assigns, subsidiaries employees, officers, directors, shareholders, and all persons, corporations, partnerships and other entities with which it is or may in the future become affiliated, all for the purpose herein referred to as "releasees," from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin, and agrees to indemnify Sports and Field against, any and all claims, demands, damages, actions, causes of action, and suits in equity of whatever kind and nature, including but not limited to personal injury, including bodily injury or death, and all property damage, whether or not based on Sports and Field's acts, omissions, own negligence or otherwise, arising out of or in any way connected with the use of the facilities of Sports and Field by the Children.

PARENT, ON BEHALF OF THE CHILDREN, HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasees or otherwise while in or upon the facilities of Sports and Field.

THE UNDERSIGNED expressly agrees that the foregoing general release is intended to be as broad and inclusive as is permitted by the laws of the state of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

By Participant signature below, Participant hereby agrees to the terms and conditions of the Program Agreement, acknowledges receipt of a fully completed copy of this Application and Agreement, acknowledges receipt of the Rules and Regulations, and grants permission to Sports and Field personnel to conduct an investigation to determine creditworthiness.

SIGNATURE REQUIRED ON BOTH PAGES.

(Parent/Legal Guardian Signature)	(Date)
(Child's Name)	

SLK\_TAM: #880364v

**Child Information**

Child's Name: \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

**Parent/Guardian Information**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Insurance Information**

Insurance Company \_\_\_\_\_ Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

**Physician Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

**Medical History**

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. I understand the full payment of any services rendered is my responsibility.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_