

# Registration Form & Policies

T-SHIRT REC'D \_\_\_\_\_  T-SHIRT REC'D \_\_\_\_\_  T-SHIRT REC'D \_\_\_\_\_

## PARENT INFORMATION:

\_\_\_\_\_  
Mother's First & Last Name (if different) Father's First & Last Name

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Mother's Home Phone Mother's Cell Mother's Occupation

\_\_\_\_\_  
Father's Home Phone Father's Cell Father's Occupation

\_\_\_\_\_  
Emergency Contact Name Phone Number

\_\_\_\_\_  
Primary Email Address

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

## ATHLETE(S) INFORMATION:

First Name	Last Name	Date of Birth	Age	M/F

Do/does any of the above athlete(s) have any physical or allergic conditions that could affect his/her participation? If yes, please explain\*:

\_\_\_\_\_  
\*Medical information may be shared with coaches.

### Financial Policies:

- Session Length: Peak Athletics offers four 10-week sessions and one 9-week summer session.
- Tuition: Tuition is due in full 7 days before the start of the next session. If you take advantage of our automatic payment option we will charge your credit card 6 days prior to the next session start date.
- Annual Membership Fee: Due each year on your anniversary date (\$50 per athlete, \$75 per family). Fee is non-refundable and non-transferable.
- Late Fees: If payment is not received in full by the 9th day after the start of the session, a late fee of \$15.00 will be assessed to your account.

*(continued on the back)*



**Financial Policies (cont'd):**

- Returned Check Fee: A \$25.00 charge will be assessed to your account for all returned checks.
- Make-up policy: Athletes are allowed 3 make-up classes per session. The make-up classes must be scheduled through the Member Services desk and will not be re-scheduled if the make-up is missed. Peak does not offer a credit or refund for missed classes. In addition, the athlete must be actively registered to participate in a make-up class. There are no make-up classes during the last week of the session.
- Injury: Will be handled on a case-by case basis. See General Policies for a detailed explanation of the process.
- Accounts Credits: Account credits will only be issued in cases of major illness or injury that prohibits the athlete from continuing.

**Liability:**

Peak Athletics would like to educate our athletes and parents about the inherent risks and hazards associated with the activities that are offered inside of our facility. The risks may include injury, acute or long term, paralysis or death. By enrolling your athlete at Peak Athletics, you are voluntarily assuming the risks involved. We ask that parents educate their athlete(s) about possibility of injury within the facility and encourage them to follow all safety rules and coaching instruction. Our highly trained staff is diligent about preaching safety in the facility through verbal communication as well as posted safety messages. Our primary source of safety is teaching skills in progression.

**Please initial all sections below indicating that you have read and agree with the statements below:**

\_\_\_\_\_ Safety: I agree to adequately educate my athlete(s) about the dangers that exist within the facility of Peak Athletics.

\_\_\_\_\_ Consent to Treat an Injured Athlete: I authorize Peak to treat my athlete medically should an accident occur in my absence. I understand that Peak will make every attempt to contact me, and my emergency contacts prior to administering any treatment. However, if we cannot be reached, I authorize the staff at Peak to contact EMS if my child has a life or limb threatening injury.

***Please initial one of the following insurance options:***

\_\_\_\_\_ *Insurance Option #1:* I affirm that I currently subscribe to adequate health insurance for my athlete. In addition, I agree to provide adequate health insurance for him/her for the time that he/she attends Peak Athletics and that the athlete's insurance will be the only insurance used in case of an injury.

\_\_\_\_\_ *Insurance Option #2:* I currently do not subscribe to adequate health insurance for my athlete and I agree that in the event of injury neither Peak Athletics nor its insurance carrier will be held liable for any claim arising from or related to my athlete's participation in any Peak Athletics Program or use of its facility.

\_\_\_\_\_ Adult application: ***Please initial if you are enrolled in a Parent-Tot class, otherwise mark N/A.***  
I understand that as a parent of an athlete involved in Parent-Tot, this waiver applies to me as well as my child.

\_\_\_\_\_ Consent for photography: I give my consent for the use of photographs of my athlete on the Peak Athletics website, social media or promotional materials. I understand that his/her name will never be used in conjunction with these photos and that the photos will be strictly used for the promotion of the activities offered within the facility of Peak Athletics. ***Please mark N/A if you do not want your athlete photographed.***

\_\_\_\_\_ Assumption of Risk: I accept the inherent risks of the activities provided at Peak Athletics.

\_\_\_\_\_ Waiver and Release: I am fully informed of the risks associated with the activities that are offered at Peak Athletics. I understand that the risks may include acute or long-term injury, paralysis or death. In addition I agree to release and hold harmless Peak Athletics, its employees, and all others concerned, and to indemnify them against loss.

\_\_\_\_\_ Hold Harmless: After mindfully considering the above named risks associated with participation at Peak Athletics, I hereby agree to assume the responsibility of such risk for each student, and adult if indicated. Further, I agree to release and hold harmless Peak Athletics, its employees and all other concerned, and indemnify them against loss.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

