

Fall 2017 Registration Form

Name: _____ Birthday: _____

Address: _____ City: _____ St: _____ Zip: _____

Hm Ph: _____ Cell Ph: _____ Email: _____

Amount Paid: _____ Cash Check Credit Card Member Acct

Medical Release: I hereby consent to emergency medical and/or hospital service that may be rendered by or at accredited hospitals by appointed physicians in the event such need arises in the opinion of a duly licensed physician.

Waiver and Indemnity Agreement: Acceptance of my entry in these events is without responsibility of any kind by The Clubs of Kingwood or any entity sponsoring the event. I do hereby for and on behalf of my heirs and legal representatives RELEASE and forever discharge The Clubs of Kingwood, it's owners, officers and representatives, the sponsoring entities, or by third parties, which injuries may be in any way related to my activities during these events and any period traveling to and from the events described and all such claims are hereby waived and released and covenant not to sue therefore. **I have read & understand the foregoing release & indemnity agreement.**

Parent's Signature: _____ Date: _____

Select Program:

- Academy 1
- Academy 2
- Academy 3
- Academy 4
- Academy 5
- Academy 6

Select Session(s):

- Session 1: Aug 28-Sept 22
- Session 2: Sept 25-Oct 20
- Session 3: Oct 23-Nov 17
- Session 4: Nov 10-Dec 15

Select Day(s):

- Mon Tue Thu

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