



FAMILY FIRST SPORTS PARK

TUMBLING REGISTRATION FORM

MEMBER INFORMATION: *Please Print*

Child Name: First _____ Last: _____
(If under 18, must complete the parent information)

DOB: ____/____/____ Age: _____ Gender: M F

Address: _____ Parent/Guardian Name: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Primary E-mail (Mandatory): _____

Class Day _____ Time _____ Level _____

Release of Liability Clauses:

I hereby release and discharge Family First Sports Park Corporation, its agents, employees, staff members, directors and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation at Family First Sports Park. I authorize FFSP, its agents, employees, staff members, directors and officers to take whatever action necessary, in their best judgement, in an emergency and I hereby release and discharge FFSP, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant FFSP permission to use my and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon FFSP for reimbursement for use of this material.

Participant's Name: _____ Parent/Guardian Signature: _____ Date: ____/____/____

MEDICAL/PAYMENT INFORMATION:

Medical Information:

Please list any physical/psychological limitatins, injuries, or weaknesses that may affect the athlete's participation and/or performance:

Medication: _____ Insurance Carrier: _____
Allergies: _____ Policy Number: _____
Doctor's Name: _____ Emergency Contact: _____
Doctor's Phone: _____ Emergency Contact No: _____

Please check card type: with credit card choice you will be charged a \$3.00 transaction fee with each transactions.

Visa MasterCard American Express Discover

Exp: _____ Amount: _____

Credit Card #: _____

Name as it appears on card: _____

Cardholder Signature: _____

Check #: _____ Cash: _____

Cash or Check Amount: _____

No Refund Policy: All payments made to FFSP are non-refundable unless a tournament, camp, class or league is cancelled by FFSP. A \$35.00 fee will be charged for a returned check. Membership is valid for one year from date of payment.