

**JUNIOR REGISTRATION FORM**      Date \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parents/Guardians Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ (C) : \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Male  Female

Level, \_\_      Grade \_\_\_\_\_

Day of Clinic \_\_\_\_\_ Time \_\_\_\_\_

Program Cost: \$ \_\_\_\_\_ Chit #: \_\_\_\_\_

Session One  Session Two  Session Three  Session Four

Payment : Cash  Check  Visa  MasterCard  
Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

*Payment is due in full with registration. Payment is non-transferable and non-refundable.*

**Program Release Form**

I release, absolve, indemnify, and hold harmless of any responsibility to the Instructor, facility, or any person involved with the Waltham Athletic Club in the event of personal injuries sustained during this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If participant is 17 years of age or under, parent or guardian signature is mandatory.*

Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_