

JUNIOR REGISTRATION FORM

Date _____

First Name: _____ Last Name: _____

Parents/Guardians Name (if applicable): _____

Address: _____ City: _____ Zip: _____

(H) Phone: _____ (W) Phone: _____ (C) : _____

E-mail: _____ Male Female

Credit Card # _____ expiration date _____

SESSION _____ Date _____ Level _____ Grade _____ Age _____

Day of Clinic _____ Time _____ Program Cost: \$ _____ Chit #: _____

SESSION _____ Date _____ Level _____ Grade _____ Age _____

Day of Clinic _____ Time _____ Program Cost: \$ _____ Chit #: _____

SESSION _____ Date _____ Level _____ Grade _____ Age _____

Day of Clinic _____ Time _____ Program Cost: \$ _____ Chit #: _____

SESSION _____ Date _____ Level _____ Grade _____ Age _____

Day of Clinic _____ Time _____ Program Cost: \$ _____ Chit #: _____

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: _____