

Eich's Sports Registration Form

Head of Household Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ City: _____ Zip: _____
 Daytime Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____
 Father's Work Number/Cell: (____) _____ - _____ Name of Father: _____
 Mother's Work Number/Cell: (____) _____ - _____ Name of Mother: _____
 Emergency Number (Description of #): _____
 Email address: _____

Program Choice

Participants Name	Sex	Birthdate	Age	Grade	Program Name	Program #	Fee

Release of Liability Waiver

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity. _____ Initial

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity and I voluntarily agree to assume the full risk of any and all injuries, damages or loss regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my minor child/ward) as a result of participating in this program/activity against Eich's Sports owners, including its officials, agents, volunteers, contractors and employees (hereinafter collectively referred to as "Eich's Sports"). _____ Initial

I do hereby fully release and discharge the Eich's Sports from any and all claims for injuries, damages or loss sustained by anyone arising out of, connected with, or in any way associated with this program/activity. _____ Initial

I understand the nature of this program and have read and fully understand the above important information, warning of risk, assumption of risk and waiver release of all claims. _____ Initial

Permission To Photograph And Videotape Participants Is Authorized By Your Signature On This Waiver.

By signing this waiver, I understand that my child/ward or I may be photographed or videotaped at any Eich's Sports program, event, or facility. I give permission for photographs and videotapes of my child/ward or me to be used to promote Eich's Sports through press releases, brochures, the web site, and other promotional materials. Such photographs and videotapes will remain the property of the Eich's Sports. Please tell the instructor and photographer if you do not want to be photographed. _____ Initial

Participant's Signature Required (A parent/guardian must sign if participant is under age 18):

 Signature Print Name Date: _____

Credit/Debit Card Information (for mail-in and fax registration only)

o Visa o Master Card Card #: _____ Code #: _____
 Exp. Date: ____ / ____ Payment Amount: \$ __ , ____ . ____
 Name (Please Print): _____
 Signature: _____ Date: _____

I agree to pay the above amount according to card issuer agreement.

Name of participant: _____