Spring 2018 Registration Form

Name:	Birthday:			Select Program:
Address:		City:	St: Zip:	☐ Academy 1☐ Academy 2
				☐ Academy 3
Hm Ph:	Cell Ph:	Email: _		☐ Academy 4☐ Academy 5
Amount Paid:			☐ Credit Card ☐ Member Acct	☐ Academy 6
appointed physicians in the even Waiver and Indemnity Agi Kingwood or any entity sponsori discharge The Clubs of Kingwood in any way related to my activities	t such need arises in the opinion of reement: Acceptance of my en ing the event. I do hereby for anod, it's owners, officers and represes during these events and any pe	of a duly licensed physician. try in these events is without resplanted on behalf of my heirs and legal is sentatives, the sponsoring entities riod traveling to and from the events.	consibility of any kind by The Clubs of representatives RELEASE and forever s, or by third parties, which injuries may be ents described and all such claims are hereby oing release & indemnity agreement.	Select Session(s): ☐ Session 1: Jan 8-Feb 1 ☐ Session 2: Feb 5-Mar 1 ☐ Session 3: Mar 5-Apr 5 ☐ Session 4: Apr 9-May 3 ☐ Session 5: May 7-31 Select Day(s):
Parent's Signature:	Date:			□Mon □Tue □Thu
	Spring 2018	3 Registration Form		
Name:		Bir	Select Program:	
Address:		City:	_ St: Zip:	☐ Academy 1☐ Academy 2
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пш ги:	Cell Pil:	EIIIaii: _		☐ Academy 5☐ Academy 6
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.				Select Session(s): □ Session 1: Jan 8-Feb 1 □ Session 2: Feb 5-Mar 1 □ Session 3: Mar 5-Apr 5 □ Session 4: Apr 9-May 3 □ Session 5: May 7-31 Select Day(s): □ Mon □ Tue □ Thu
Parent's Signature:			_ Date:	
Name:	•	B Registration Form	thday:	Select Program:
Address:		City:	_ St: Zip:	☐ Academy 2 ☐ Academy 3
Hm Ph:	Cell Ph:	Email:		☐ Academy 5 ☐ Academy 6
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 lischarge The Clubs of Kingwood, it's owners, officers and representatives, the sponsoring entities, or by third parties, which injuries may be n 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.				Select Session(s): □ Session 1: Jan 8-Feb 1 □ Session 2: Feb 5-Mar 1 □ Session 3: Mar 5-Apr 5 □ Session 4: Apr 9-May 3 □ Session 5: May 7-31 Select Day(s): □ Mon □ Tue □ Thu
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