

**2017 Summer Middle School**

**Football Camp**

**Registration Form**

**Monday, August 14 – Friday, August 18, 2017**

**9:30 am to 11:00 am**

**$50 per athlete**

**REGISTRATION DEALINE IS AUGUST 1, 2017**

To complete registration:

□ Complete and email this form to [april@coachmofitness.com](mailto:april@coachmofitness.com) or mail or submit the form in person to Coach Mo's Elite Fitness, 7119 Chimney Corners, Austin, TX 78731.

*Select payment method*:

□ My athlete recently participated in Coach Mo’s After School Fitness Program. Please bill to my credit/debit card on file.

□ Payment information is included on this registration form (credit/debit card info) or enclosed with registration form (check).

□ I submitted payment online.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) phone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (to confirm registration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name and phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on credit/debit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visa/MC/Discover**#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_\_\_ Exp:\_\_\_\_\_\_\_

**PLEASE READ AND SIGN THE RELEASE WAIVER ON THE NEXT PAGE**

**Coach Mo’s Elite Fitness**

**WAIVER AND RELEASE OF LIABILITY**

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM RELEASING **Coach Mo’s Elite Fitness** AND ITS RESPECTIVE TRAINERS, CONTRACTORS, OWNERS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AGENTS, VOLUNTEERS, AFFILIATES, AND/OR ANYONE ACTING FOR OR ON BEHALF OF ANY OF THEM (COLLECTIVELY “RELEASED PARTIES”) FROM ANY AND ALL CLAIMS, DAMAGES AND LIABILITY RELATED TO MY PARTICIPATION IN THE ACTIVITIES. THIS RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING.

**[The following provision must be signed by parent or guardian if participant is under 18 years old]**

I am the parent or guardian of  **\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (child/children).

My Child does not have any known health, physical or medical conditions that would endanger my Child or others and is fit to participate in the activities, and I consent to my Child’s participation. I HAVE READ AND I UNDERSTAND THE ABOVE RELEASE AND WAIVER AGREEMENT. In consideration of allowing my Child to participate, I consent to and agree that THE TERMS SHALL LIKEWISE BIND ME, MY CHILD, and our heirs, legal representatives, and assignees. I HEREBY RELEASE, DISCHARGE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM EVERY CLAIM, DAMAGE, LOSS AND ANY LIABILITY that I or my Child may allege against the Released Parties (including reasonable attorney’s fees or costs) as a direct or indirect result of injury to me or my Child because of my Child’s participation in the activities, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASED PARTIES or others. I PROMISE NOT TO SUE THE RELEASED PARTIES on my behalf or in behalf of my Child regarding any claim arising from my Child’s participation in the activities. Photo and Video release: In connection with my participation in Coach Mo’s Elite Fitness, Inc., programs, I consent to the use of my child’s/children’s photograph and video or other likeness in the promotional and other materials of Coach Mo’s Elite Fitness without payment or other consideration made to me.

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature**:** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**