



**REGISTRATION FORM**

**CLIENT INFORMATION**

FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME # \_\_\_\_\_ CELL # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
PREVIOUS TRAINERS \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_ CONTACT # \_\_\_\_\_  
MEDICAL CONDITIONS \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

PARENT/GUARDIAN NAME \_\_\_\_\_ CELL # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
PARENT/GUARDIAN NAME \_\_\_\_\_ CELL # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
HOW DID YOU HEAR ABOUT US? \_\_\_\_\_  
HAVE YOU REGISTERED WITH US BEFORE? YES NO REFERED BY \_\_\_\_\_

**WAIVER AND MEDICAL RELEASE**

I VERIFY THAT MY CHILD IS COVERED BY MEDICAL INSURANCE. HE/SHE HAS BEEN CHECKED BY A QUALIFIED PHYSICIAN AND IS PHYSICALLY ABLE TO PARTICIPATE IN ATHLETIC ACTIVITIES. I UNDERSTAND THAT PARTICIPATING IN SPORTS AND ATHLETICS HAS THE RISK OF INJURY. I RELEASE THE CLEVELAND DEVELOPMENTAL SPORTS INSTITUTE, ITS EMPLOYEES, OFFICERS, AGENTS, AND HOSTING FACILITIES FROM ANY DAMAGES AND LIABILITY THAT MAY OCCUR WHILE MY CHILD IS PARTICIPATING IN THIS PROGRAM.

PARENT/GURDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ADDITIONAL INFORMATION**

HAVE YOU RECEIVED ANY DISCOUNTS? IF SO PLEASE SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
HOW MANY TRAINING SESSIONS HAVE YOU REGISTERED FOR? 1 SESSION 6 SESSIONS 8 SESSIONS 10 SESSIONS  
ARE YOU ATTENDING PRIVATE TRAINING SESSIONS OR GROUP TRAINING SESSIONS? \_\_\_\_\_