

Registration Form & Policies

PARENT INFORMATION:

Mother's First & Last Name (if Different)

Father's First & Last Name

Home Address

City

State

Zip

Mother's Home Phone

Mother's Cell

Mother's Occupation

Father's Home Phone

Father's Cell

Father's Occupation

Emergency Contact

Phone Number

Primary Email

How did you hear about us?

ATHLETE(S) INFORMATION:

First Name	Last Name	Date of Birth	Age	M/F

Do/Does any of the above athlete(s) have any physical or allergic conditions that could affect his/her participation?

If yes, please explain*:

**Medical information may be shared with coaches.*

FINANCIAL POLICIES:

- Session Length: Peak Athletics offers four 10-week sessions & one 9-week summer session.
- Tuition: Tuition is due in full before the start of the next session. If you take advantage of our automatic payment option, we will charge your credit card prior to the next session start date.
- Annual Membership fee: Due each year on your anniversary date (\$50 per athlete, \$75 per family). Fee is non-refundable and non-transferable.
- Late Fees: If payment is not received in full by the 9th day after the start of the session, a late fee of \$15 will be assessed to your account.



FINANCIAL POLICIES:

- Return Check Fee: A \$25.00 charge will be assessed to your account for all returned checks.
- Make-up Policy: Athletes are allowed 3 make-up classes per session. Make-ups must be scheduled in the same session as class missed. The make-up classes must be scheduled through Member Services and will not be re-scheduled if the make-up is missed. Peak does not offer a credit or refund for missed classes. In addition, the athlete must be actively registered to participate in a make-up class.
- Injury: Will be handled on a case-by-case basis. See General Policies for a detailed explanation of the process.
- Account Credits: Account Credits will only be issued in cases of major illness or injury that prohibits the athlete from continuing.

PHOTOGRAPHY FOR PROMOTIONAL MATERIALS:

Photographs of athletes may be used on the Peak Athletics website, social media and/or promotional materials. Athletes' names will never be used in conjunction with these photos and photos will be strictly used for the promotion of activities offered through Peak Athletics.

LIABILITY:

Peak Athletics would like to educate our athletes and parents about the inherent risks and hazards associated with the activities offered inside our facility. The risks may include, but are not limited to, acute or long term injury, paralysis or death. By enrolling your athlete at Peak Athletics, you are voluntarily assuming the risks involved. We ask that parents educate their athlete(s) about the possibility of injury within the facility and encourage them to follow all safety rules and coaching instruction. Our highly trained staff is diligent about preaching safety in the facility through verbal communication as well as posted safety messages. Our primary source of safety is teaching skills in progression.

PLEASE INITIAL ALL SECTIONS BELOW INDICATING YOU HAVE READ & AGREE:

_____ Safety: I agree to adequately educate athlete(s) about the dangers that exist within the facility of Peak Athletics.

_____ Consent to Treat Injured Athlete: I authorize Peak to treat my athlete medically should an accident occur in my absence. I understand that Peak will make every attempt to contact me and my emergency contacts prior to administering any treatment. However, if we cannot be reached, I authorize the staff to contact EMS if my child has a life or limb threatening injury.

_____ Insurance: I affirm that I currently subscribe to adequate health insurance of my athlete. In addition, I agree to provide adequate health insurance for him/her for the time that he/she attends Peak Athletics and that the athlete's insurance will be the only insurance used in case of an injury.

_____ Adult Application: ***Please initial if you are enrolled in a Parent Tot class, otherwise mark N/A.***

_____ Assumption of Risk: I accept the inherent risks of the activities provided at Peak Athletics.

_____ Waiver & Release: I am fully informed of the risks associated with the activities that are offered at Peak Athletics. I understand that the risks may include, but are not limited to, acute or long-term injury, paralysis or death. In addition, I agree to release and hold harmless Peak Athletics, its employees, and all other concerned, and to indemnify them against loss.

_____ Hold Harmless: After mindfully considering the above named risks associated with participation at Peak Athletics, I hereby agree to assume the responsibility of such risk for each student, and adult if indicated. Further, I agree to release and hold harmless Peak Athletics, its employees and all other concerned, and to indemnify them against loss.

Signature of Parent/Guardian

Date

