



Registration Form

Extreme Fitness Club
www.efchawaii.com

May 16 – July 25, 2009 Session

Registration Date _____

Gender M F

Name _____
Last First MI

Address _____
Street City State Zip

School _____ Grade _____ Birthdate _____ Age _____

Parent Information

Mom's Name _____ Mom's Home Phone Number _____ Cell Phone _____

Mom's Email _____ Mom's Workplace _____ Work Phone _____

Dad's Name _____ Dad's Home Phone Number _____ Cell Phone _____

Dad's Email _____ Dad's Workplace _____ Work Phone _____

Medical & Dental Information

Insurance Company _____ Policy Number _____ Phone Number _____

Physician Name _____ Phone Number _____

Medical Issues? Yes No Please Explain: _____

Dentist Name _____ Phone Number _____

Marketing/Promotion Release Authorization

I (parent), _____ consent and authorize Extreme Fitness Club to market, promote and air programming of which contain my child's photographs but not limited to video and audio. I am aware that the purpose of this material is to promote Extreme Fitness Club and youth basketball.

Registrar's Use Only

Registration Fees: **\$225.00** If a player notifies Extreme Fitness Club in writing received on or before May 11, 2009 that the player will be unable to attend the session, Extreme Fitness Club will refund the registration fee minus a \$25.00 handling charge. Otherwise, FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Cash Check # _____ Amount _____

Received by _____ Date _____ Time _____

Balance Due _____

Please make checks payable to: **Extreme Fitness Club**