



Extreme Fitness Club

Registration Form  
SMALL GROUP BASKETBALL  
May 12 – July 14, 2010

[www.efchawaii.com](http://www.efchawaii.com)

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: **\$350**

If a player notifies Extreme Fitness Club in writing received on or before May 10, 2010 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**

P.O. Box 37035/Honolulu, HI 96837/e-mail: [info@efchawaii.com](mailto:info@efchawaii.com)