



# Registration Form

## Football Clinic

April 9 – June 4, 2011

Ages: 12 and up

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 football.

### Registrar's Use Only

Registration Fees: **\$300.00**

If a player notifies Extreme Fitness Club in writing received on or before April 4, 2011, 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)