



45 Minutes of Activity, Fitness and Fun at Corpus Christi Registration Form

Schedule: Mondays and Wednesdays 2:30-3:15pm

Cost: \$90.00 fee per month or \$15.00 per session

Athlete Information

Name: _____ Grade: _____

Address: _____

Parent/Guardian Information

Name: _____

Emergency Information

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Alt. Phone Number: _____

Insurance Company: _____

Policy Number: _____

Insured Card Number: _____

Allergies: _____

Medical Conditions: _____

Acknowledgement: As parent/guardian I declare that my child is in good physical and medical condition and is able to withstand the rigors of the game. I acknowledge the risk and give my child permission to participate in this program and release the organization of any liability.

Parent Signature

Date