



PARTICIPANT REGISTRATION/WAIVER

(Please Print)

Program/Activity _____ Fee _____

Name: _____ Age: _____ D.O.B. ___/___/___ Male/Female

Name of Parent/Guardian (If under 18) _____

Address: _____ City: _____

State: _____ Zip: _____

Daytime Phone: () _____ - _____ Cell Phone: () _____ - _____ Other: _____

Emergency Contact: _____ () _____ - _____

Please Choose

Youth Basketball Fundamentals - 8 Session 2 days a week \$100

Individual Basketball Training - 10 session 2 days a week \$175

Personal Fitness Training - 12 Sessions 2-3 days a week \$ 220

Youth Obesity Fitness Training - 10 Session 2 days a week \$135

Diabetes Group Intervention Class & Nutrition Programs FREE

Waiver:

By enrolling in The Legends: Kids First programs, participants understand that while attending the program he/she does so at his/her own risk. The Legends coaches or staff shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the property.

Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at The Legends Kids First to render a judgement concerning medical assistance or hospital care. I do hereby authorize The Legends: Kids First and its assigned to utilize any and all photographs, pictures, videos or other likeness assigned guardianship to The Legends Kids First team.

Signature of Parents (If under 18 years of age)

Date