



YOUTH REGISTRATION

Please fill out this form completely, front and back. We cannot accept incomplete forms.

ATHLETES NAME: _____

PARENTS NAMES: _____

MAILING ADDRESS: _____

TELEPHONE: () _____

E-MAIL: _____

YOUR SPORT: _____

CURRENT GRADE IN SCHOOL: _____

AGE: _____

GENDER: ___M ___F

NAME OF SCHOOL: _____

HEAD COACH'S NAME: _____

In the event of an emergency, how should we contact a parent or legal guardian during the training session? (cell phone, pager, other)

NAME: _____

CONTACT INFO: _____

RELATIONSHIP TO CHILD: _____

Please fill out these forms completely and return them with your payment. No one will be permitted to participate without signed waiver.

Parents/Legal Guardians: Does your child have any Health conditions that may limit him or her while participating in the training session? (asthma, diabetes, cardio-pulmonary disorders, shortness of breath, etc...) Please specify:

WAIVER OF LIABILITY

I, as parent or legal guardian, _____ (Parent or Legal Guardian Name), hereby release Personal Trainers World and any or all employees forgoing for any responsibility or liability if _____ (Athletes Name), should suffer injury and/or death while participating in the training session. This waiver of liability does not include any reckless or intentional acts on the part of Personal Trainers World, and any and all of its employees.

Parent/Legal Guardian Signature: _____ **Date:** _____