



2020-2021 Athlete Registration Form

Childs Name: _____ Age: _____

Date of Birth: _____ Gender: _____

Contact Number: () _____ Emergency: () _____

E-mail Address: _____

Address: _____

City/State: _____ Zip: _____

Parent/Guardian Name (1): _____

Parent/Guardian Name (2): _____

Any allergies/medications/disabilities? _____

Primary Doctor: _____ Phone Number: _____

Health Insurance Carrier: _____

INFINITY ATHLETICS PROGRAMS

Release of Liability, Indemnification, and Photo Release

I am aware that gymnastics/Cheer/Warrior/Physical Education Training is a dangerous activity that could result in injury, paralysis or even death. I assume all risks of injury or loss to myself or my child arising from the above activity. If the participant is a minor, I also give permission for his/her participation in the above activity and for any necessary medical treatment.

I further agree that participants in any Infinity Athletics program may be photographed and such photos may be used to publicize Infinity Athletics programs and activities. In exchange for my child being allowed to participate in the above activity, I release, discharge, and agree to indemnify and hold harmless Infinity Athletics NY, LLC, its employees, officers or agents (the released parties) from any liability, loss or damage, including but not limited to that arising from negligence of any of the Released Parties, which may result to me or a minor.

***A credit card must be kept on file. If payment is not received by the 5th of each month, I authorize Infinity Athletics NY, LLC to automatically charge my credit card for the full amount. Infinity Athletics is a year round athletic program. 30-day notice must be given in writing to withdraw from any Infinity program. Monthly tuition will continue to be charged until it is received.** Initials: _____

Card # _____ Exp. Date: _____ CVV _____

Parent/Guardian Signature: _____ Date: _____