



## MAX Ready Set Go – Fall 2017

**PROGRAM INFORMATION:**

- Ages 3-5 years
- The program will run 10 weeks: October 7 – December 9
- The fee is \$150 + HST = \$172.50 per participant

Please select your preferred location and program time below:

**34 New Cove Rd., St. John's**  
 Saturdays, 9 - 9:45am
   
 **OR**
   
  **1 Olympic Dr., Mount Pearl**  
 Saturdays, 9 - 9:45am

**PARTICIPANT INFORMATION:**

Name \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Gender:  Female  Male                      MCP #:  On File \_\_\_\_\_

Does the student have any medical (including food and other allergies), physical, or behavioral concerns that our staff should know about? (CONFIDENTIAL)

\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (Existing MAX Clients):**

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (New MAX Clients):**

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**EMERGENCY CONTACT (Other than parents/guardians listed above. Please note that the emergency contact must be 18 years of age or older):**

Name \_\_\_\_\_ Primary Contact # \_\_\_\_\_

**PAYMENT OPTIONS:**

Please check one (1) of the following two (2) payment options:

Cash or Direct Debit - Program fees must be paid in full when the registration form is submitted.

Visa or MasterCard - Please complete the Visa/MasterCard Authorization section below. Program fees will be charged to your credit card within five (5) business days from the date of receipt of this registration form.

**Card Number** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **CVS Number** \_\_\_\_\_

I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to charge my credit card for the program fees.

Card Holder Name (please print) \_\_\_\_\_ Card Holder Signature \_\_\_\_\_

Date \_\_\_\_\_ Billing Address Postal Code (required) \_\_\_\_\_



## Terms and Conditions for MAX Ready Set Go (please read carefully)

1. **Once registered, discontinuation is not permitted. Payment is one-time and non-refundable.**
2. Regular attendance and punctuality is expected. There will be no refunds for sessions missed by a student.
3. MAX reserves the right to withdraw any program or level of instruction, to change an instructor of any program, or to close any MAX location at any time without notice or liability other than to refund fees received for sessions cancelled due to such withdrawal or closing.
4. MAX will not refund or make up any classes that are cancelled due to weather. Please check [www.yourmax.ca](http://www.yourmax.ca) or call 733-7330 to see if MAX facilities are closed due to weather.
5. All of the student's relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the Registration Form.
6. Participants will not be able to partake in programs if their MCP number is not on file. You hereby give MAX and its employees the authority to act on your behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, you authorize MAX to take whatever emergency measures are deemed necessary by MAX for the protection of the participant while in the care of MAX. You understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the participant to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. You understand that this may be done prior to contacting you, and that any expense incurred for such treatment, including ambulance fees, is your responsibility.
7. MAX promotes an atmosphere of safety and mutual respect and will not tolerate inappropriate conduct or behavior. Violation of these principles may result in immediate termination of the participant's enrollment.
8. In consideration of being allowed to participate in MAX activities and programs and to use MAX facilities, equipment and services, you hereby forever waive, release and discharge MAX and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to the participant's person and/or property, including those caused by the negligent act or omission of any of sparing those mentioned or others acting on their behalf, arising out of or connected with the participation in any activities, programs or services of MAX or the use of any equipment at various sites, including home, provided by and/or recommended by a MAX representative.
9. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our participants to parties outside of MAX, without the authorized written consent of the participant or the parent(s)/guardian(s) if the participant is under the age of 18 (except where required by law such as in emergency situations or by legal order). In the normal course of business and for the purpose of advertising, MAX may photograph or video participants as they partake in MAX activities. Such photographs or videos may be used by MAX for publicity purposes without the participant's name attached unless the participant or the parent(s)/guardian(s) if the participant is under the age of 18 otherwise advises MAX in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX.

**ACCEPTANCE:** *By signing below, I acknowledge and agree to the terms and conditions written above and I represent that the information given by me on the Registration Form is complete and accurate.*

**Participant:**

Name \_\_\_\_\_

**Parent/Guardian:**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_