



2018-2019 MAX Force Athletics – Placement Week Registration

EVENT INFORMATION:

- The event will take place at 6 St. Clare Avenue, St. John's
- Co-Ed; Ages 5+
- The per-athlete cost is \$25 + HST = \$28.75

ATHLETE INFORMATION:

Name _____ Birthdate (mm/dd/yyyy) _____ Age _____

Gender: Female Male MCP # On File _____

Cheerleading Experience _____

Position (you may choose more than one): Flyer/Top Base Backspot/Third Not Sure

Gymnastics abilities that the athlete can perform comfortably and consistently on a sprung floor:

Rolls (front or back) Cartwheel Round-Off Walkovers (front or back) Handsprings (front or back)

Series Handsprings Roundoff Handsprings Standing Tuck Handspring to Tuck Jump Handspring

Jump Tuck Layout Standing Full Double Full

Specialty Pass _____

Other _____

Is the athlete willing to travel to two (2) different out-of-province competitions? Yes No

Is the athlete willing to be placed on two (2) different teams? (Please make a selection from the options below):

Yes, but only if they both travel to the same competition.

Yes, even if the two teams travel to separate competitions.

No

Does the athlete 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 _____

Cell # _____ Work # _____ Home # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

2. Name _____ Relationship to Student _____

Cell # _____ Work # _____ Home # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

Email completed form to info@yourmax.ca or deliver in person to any MAX location. For inquiries, email info@yourmax.ca, call 733-7330 or visit www.yourmax.ca.



PAYMENT OPTIONS:

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

- Cash/Direct Debit/AMEX - Total fees owing must be paid in full when the registration form is submitted.
- Visa or MasterCard - Please complete the Visa/MasterCard Authorization section below. Total fees owing will be charged to your credit card in full 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 _____ Payer Contact (if different than parent/guardian) _____

**Terms & Conditions for 2018-2019 MAX Force Athletics – Placement Week Registration
(please read carefully)**

1. **Placement Week Registration fees are non-refundable.**
2. 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.
3. All of the athlete’s relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the registration form.
4. Athletes 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 athlete 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 athlete 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.
5. 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 athlete’s enrollment.
6. 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 athlete’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.
7. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our athletes to parties outside of MAX, without the authorized written consent of the athlete or the parent(s)/guardian(s) if the athlete 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 athletes as they partake in MAX activities. Such photographs or videos may be used by MAX for publicity purposes without the athlete’s name attached unless the athlete, or the parent(s)/guardian(s) if the athlete 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.

Athlete Name (please print) _____ Athlete Signature (if over the age of 18, please sign) _____

Parent Name (please print) _____ Parent Signature (if Athlete is under the age of 18, please sign) _____

Date _____