



MAX Parent's Night Out 2018

PROGRAM INFORMATION:

• Drop off 5:30pm; Pick-up 9:30pm

• It is a Co-Ed camp open to all students grades K-6

• Cost is \$24/day (first child)

STUDENT 1 INFORMATION:

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

School Grade _____ Gender: Female Male Other _____

Does the student require a booster seat? Yes No MCP #: _____ MCP Expiry: ____/____

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

STUDENT 2 INFORMATION:

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

School Grade _____ Gender: Female Male Other _____

Does the student require a booster seat? Yes No MCP #: _____ MCP Expiry: ____/____

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

If attending the MAX location at 1 Olympic Drive, Mount Pearl, please select the day(s) that the student(s) will attend the program:

Student 1: Saturday, December 1 Saturday, December 8 Saturday, December 15

Student 2: Saturday, December 1 Saturday, December 8 Saturday, December 15

If attending the MAX location at 34 New Cove Road, St. John's, please select the day(s) that the student(s) will attend the program:

Student 1: Saturday, December 1 Saturday, December 8 Saturday, December 15

Student 2: Saturday, December 1 Saturday, December 8 Saturday, December 15

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

Name _____ Relationship to Student(s) _____

Cell # _____ Work # _____ Home # _____

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.



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 _____

PRICING:

Please check the number of days in which the child/children is/are registering:

Participant 1				Participant 2			
	<input type="radio"/> 1 Day	<input type="radio"/> 2 Days	<input type="radio"/> 3 Days		<input type="radio"/> 1 Day	<input type="radio"/> 2 Days	<input type="radio"/> 3 Days
Price per Day	\$ 24.00	\$ 24.00	\$ 24.00	Price per Day	\$ 24.00	\$ 24.00	\$ 24.00
x # Days	_____ 1	_____ 2	_____ 3	x # Days	_____ 1	_____ 2	_____ 3
= Subtotal	\$ 24.00	\$ 48.00	\$ 72.00	= Subtotal	\$ 24.00	\$ 48.00	\$ 72.00
+ HST (15%)	\$ -	\$ -	\$ -	+ HST (15%)	\$ -	\$ -	\$ -

PAYMENT OPTIONS:

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

Cash, Direct Debit, or AMEX - Practice gear fees must be paid in full when the registration form is submitted.

Visa or MasterCard - Please complete the Visa/MasterCard Authorization section below. Total cost of program fees will be charged to your credit card within five (5) business days from the date of receipt of this registration form (*please note that Debit Visa and Debit MasterCard may only be used when paying in person.*)

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 (sign) _____

Payer Contact (if different than Parent/Guardian) _____ Date _____

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



Terms & Conditions for MAX Parent's Night Out 2018 (please read carefully)

1. A completed registration form must be submitted in person or by email or fax to MAX Arts. Athletics. Wellness. (Hereafter referred to as MAX) a minimum of forty-eight (48) hours in advance of the start of the program day.
2. Once registered, to officially withdraw, the parent/guardian must complete and submit a Discontinuation Form in person or email a minimum of forty-eight (48) hours in advance of the program date. *Fees are non-refundable after this time*. Discontinuation Forms are available at our facilities. Verbal notification and/or non-attendance will NOT constitute discontinuation. If discontinuation occurs due to an injury or a medical condition, a Discontinuation Form must be submitted along with a physician's note and a refund will be issued for all fees paid.
3. If someone other than the listed parent/guardian will be picking your child up from the program, you must notify MAX by email at info@yourmax.ca prior to the start of the program.
4. Monthly account statements and invoices are not provided. Payment receipts and receipts for income tax purposes are available upon request.
5. 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.
6. All of the student's relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the registration form.
7. Students 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 student 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 student 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.
8. 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 student's enrollment.
9. 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 student'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.
10. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our students to parties outside of MAX, without the authorized written consent of the student or the parent(s)/guardian(s) if the student 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 students as they partake in MAX activities. Such photographs or videos may be used by MAX for publicity purposes without the student's name attached unless the student or the parent(s)/guardian(s) if the student 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(s) 1 _____ 2 _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____