



REGISTRATION FORM

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PARTICIPANT(S) _____ GENDER(S): _____ AGE(S): _____

PARENT | LEGAL GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

E-MAIL: _____ PHONE: _____

ALT. E-MAIL: _____ ALT. PHONE: _____

TYPE OF TRAINING: _____ GOAL(S): _____

SPORT(S): _____ POSITION(S): _____ BEGINNER? INTERMEDIATE? ADVANCED?

PLAYING EXPERIENCE: JUNIOR _____ VARSITY _____ DIVISION _____ AMATEUR _____ SEMI-PRO | PRO _____

OF SESSIONS: _____ X \$ _____ PER SESSION INITIAL START-UP PAYMENT \$ _____ (CHECKS: 'BLACKLINE ATHLETIC')

THIS FORM AND INITIAL PAYMENT ARE DUE PRIOR TO TRAINING - THANK YOU

CANCELLATION POLICY: BLACKLINE ATHLETIC WILL MAKE EVERY EFFORT TO NOTIFY PARENTS ASAP OF A CANCELLATION DUE TO POOR WEATHER/CONDITIONS. SESSION(S) CANCELLED BY BLACKLINE ATHLETIC WILL RESULT IN A RESCHEDULED SESSION OR TRAINING CREDIT. CANCELLATIONS BY CLIENT WITH LESS THAN 24 HOURS NOTICE MAY RESULT IN A FORFEIT OF SESSION FEE.

PROGRAM FULFILLMENT POLICY: THE TERMS OF THIS REGISTRATION FORM WILL BE AGREED UPON FOR THE DURATION OF THE PROGRAM PURCHASED. ALL SESSIONS EXPIRE FOUR (4) MONTHS FROM RECEIPT OF LAST PAYMENT - NO REFUNDS AVAILABLE.

CONSENT FOR EXERCISE: BLACKLINE ATHLETIC RESERVES THE RIGHT TO EXCLUDE A CLIENT WITH A DISABILITY OR ILLNESS FROM PARTICIPATION IF THAT INDIVIDUAL PARTICIPATION WOULD RESULT IN A DIRECT THREAT TO THE HEALTH OR SAFETY OF THEMSELVES OR OTHERS. IN DETERMINING POTENTIAL PARTICIPATION, BLACKLINE ATHLETIC MAY REQUIRE THE CLIENT TO FURNISH APPROPRIATE MEDICAL CERTIFICATION. IT IS UNDERSTOOD THAT PARTICIPATION IN ANY BLACKLINE ATHLETIC PROGRAM IS COMPLETELY VOLUNTARY AND MAY REQUIRE STRENUOUS ACTIVITY, AND BY SIGNING THIS REGISTRATION FORM, THE PARTICIPANT AND/OR PARENT OR LEGAL GUARDIAN VERIFY THAT YOU, ARE IN GOOD HEALTH, AND WILL NOTIFY PERSONNEL OF BLACKLINE ATHLETIC IF ANY ADVERSE OR UNUSUAL SIGNS OR SYMPTOMS THAT MAY BE EXPERIENCED DURING PARTICIPATION AND/OR CEASE PARTICIPATION IN THE EXERCISE AT ANY POINT. IT IS UNDERSTOOD THAT VOLUNTARY PARTICIPATION IN BLACKLINE ATHLETIC TRAINING SESSIONS CAN BE A STRENUOUS ACTIVITY, POTENTIALLY CAUSING UNUSUAL CIRCUMSTANCES SUCH AS INJURY, LOSS OF BREATH, ABNORMAL BLOOD PRESSURE, FAINTING, HEART ATTACK, OR DEATH. IT IS ALSO AGREED THAT BLACKLINE ATHLETIC, ITS OFFICERS, EMPLOYEES, OR AGENTS (COLLECTIVELY, THE 'RELEASED PARTIES') WILL NOT BE LIABLE TO THE PARTICIPANT OR ANYONE ELSE FOR ANY ADVERSE SIGNS, SYMPTOMS, OR INJURIES THAT MAY RESULT FROM PARTICIPATION. I HEREBY RELEASE, SURRENDER, REMISE, ACQUIT, AND FOREVER DISCHARGE, BLACKLINE ATHLETIC, ITS 'RELEASED PARTIES' JOINTLY AND SEVERALLY, FROM AND ALL CLAIMS, DEMANDS, ACTIONS, LIABILITIES, DAMAGES, SUITS, COSTS, EXPENSES, CONTRIBUTIONS, AND/OR CAUSES OF ACTION WHETHER PAST, PRESENT OR FUTURE, KNOWN OR UNKNOWN, INCLUDING WITHOUT LIMITATION, ANY CLAIM FOR ACCIDENT OR INJURY INCURRED BY ME, WHICH I HAVE OR MIGHT CLAIM TO, OR HAVE AGAINST THE 'RELEASED PARTIES' ARISING OUT OF, RELATING TO, OR IN CONNECTION WITH MY PARTICIPATION IN THE BLACKLINE ATHLETIC TRAINING PROGRAM AND EQUIPMENT, USE OF A BLACKLINE ATHLETIC TRAINING FACILITY, STUDIO OR ANY LOCATION WHERE BLACKLINE ATHLETIC TRAINING IS CONDUCTED INCLUDING, WITHOUT LIMITATION, ANY AND ALL STATUTORY AND COMMON LAW CLAIMS FOR WRONGFUL DEATH, DISABILITY, UNINTENTIONAL OR INTENTIONAL INFLICTION, OR EMOTIONAL DISTRESS, NEGLIGENCE, OR WILLFUL OR WRONGFUL MISCONDUCT.

I HAVE READ THE INFORMATION ABOVE AND UNDERSTAND IT.

PARTICIPANT(S) | PARENT OR LEGAL GUARDIAN

DATE