



# REGISTRATION FORM

WWW.BLACKLINEATHLETIC.COM ■ EMAIL: INFO@BLACKLINEATHLETIC.COM ■ 847.337.4683

PARTICIPANT NAME(S) \_\_\_\_\_ GENDER(S) [M/F]: \_\_\_\_\_ AGE(S): \_\_\_\_\_

PARENTS / LEGAL GUARDIAN NAMES: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ TRAINING GOAL(S): \_\_\_\_\_

SPORT(S): \_\_\_\_\_ POSITION: \_\_\_\_\_ SKILL LEVEL (BEGINNER / INTERMEDIATE / ADVANCED)

[FOOTBALL ONLY] LEVEL: FLAG \_\_ 70# \_\_ 80# \_\_ 90# \_\_ 100# \_\_ 115# \_\_ 130# \_\_ VARSITY \_\_ D1,D2,D3 \_\_ AMT/PRO \_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT EMAIL#1: \_\_\_\_\_ PHONE#1: \_\_\_\_\_

CONTACT EMAIL#2: \_\_\_\_\_ PHONE#2: \_\_\_\_\_

PROGRAM FEE \$ \_\_\_\_\_ CASH OR CHECK PLEASE [CHECKS PAYABLE TO 'BLACKLINE ATHLETIC']

## FORM MUST ACCOMPY PAYMENT AND BROUGHT TO THE FIRST DAY OF TRAINING - THANK YOU

**CANCELLATION POLICY:** BLACKLINE ATHLETIC WILL MAKE EVERY EFFORT TO NOTIFY PARENTS VIA E-MAIL/PHONE ASAP OF A CANCELLATION DUE TO POOR WEATHER/CONDITIONS. SESSION(S) CANCELLED BY BLACKLINE ATHLETIC WILL RESULT IN A RESCHEDULED SESSION.

**PACKAGE FULFILLMENT POLICY:** THE TERMS OF THIS REGISTRATION FORM WILL BE AGREED UPON FOR THE DURATION OF THE PROGRAM PURCHASED. EACH PROGRAM REQUIRES A NEW REGISTRATION FORM TO BE COMPLETED. PROGRAMS EXPIRE SIX (6) MONTHS FROM DATE OF PURCHASE-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, USE OF A BLACKLINE ATHLETIC STUDIO, EQUIPMENT 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.

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE