



PRIVATE INSTRUCTION REGISTRATION FORM

PARTICIPANT'S INFORMATION

NAME:	MEMBER ID # (required):	
ADDRESS:	CITY:	STATE:
EMAIL:	PHONE NUMBER:	
DATE OF BIRTH:	GENDER:	
GRADE:		
SCHOOL/ORGANIZATION/EMPLOYER:		
INJURIES/MEDICATIONS/OTHER NECESSARY INFORMATION:		

PARENT/GUARDIAN'S INFORMATION (if under 18)

NAME:	
PHONE NUMBER:	
ALTERNATE ADULT ALLOWED TO PICK-UP PARTICIPANT (if under 18):	
ALTERNATE PHONE NUMBER:	
ADDITIONAL ALTERNATE ADULT (IF ANY):	PHONE NUMBER:
ADDITIONAL ALTERNATE ADULT (IF ANY):	PHONE NUMBER:
ADDITIONAL ALTERNATE ADULT (IF ANY):	PHONE NUMBER:

PROGRAMMING

<input type="checkbox"/> PERSONAL TRAINING			
<input type="checkbox"/> PRIVATE	(Circle One)	AQUATICS	BASKETBALL VOLLEYBALL SOCCER
<input type="checkbox"/> SEMI-PRIVATE	(Circle One)	AQUATICS	BASKETBALL VOLLEYBALL SOCCER
<input type="checkbox"/> SMALL GROUP	(Circle One)	BASKETBALL	VOLLEYBALL SOCCER
PREFERRED LESSON DAY(S) & TIME(S):			
INSTRUCTOR/COACH PREFERENCE (IF ANY):			
GROUP PARTICIPANT REQUESTS (IF ANY):			

**Request not guaranteed*

Liability – I recognize that participation in The HUB’s activities or programs may expose me to some risk of injury, illness or death. I assume all liability and agree to hold The HUB harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity or program at The HUB. Code of Conduct – The HUB prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of HUB property and criminal conduct of any type. Such inappropriate behavior or conducts is unacceptable and The HUB consequently retains the right to deny membership to its applicants and to revoke a membership of any current member or participant at its sole discretion. Photo/Talent Release – I hereby irrevocably release, consent and allow The HUB and its agent to use my photograph/likeness/voice as it pertains to my participation with The HUB, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

I acknowledge by signing and dating below that I have read the waiver and all program information above.

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Membership Verified: _____ Today's Date: _____

Payment Method: Cash Check Number _____ Credit/Debit Card

Staff Initials: _____