Individual Registration/Waiver Form

965 Cannongate Rd.
Oconomowoc, WI 53066
Stiksacademy.com

One Form Person
Program/Class/League/Walk In: Anyone who has not filled out a release and not on file must complete form. **Please circle one.**
Name of Program/Class/League: _____

Name _____ **Date of Birth** _____ **Age** _____ **M or F**

Parents Name (youth only) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone (home) _____ **work** _____ **cell** _____

E-mail _____

Payment Type (Circle payment type) WE DO NOT ACCEPT AMERICAN EXPRESS - $40 NSF will be charged for returned checks

Cash **Check #** _____ **Credit Card** _____
Date of Exp. _____
CVV _____

AMOUNT OF PAYMENT $

Waiver must be SIGNED to participate in activities. Children 17 & under need Parent or Legal Guardian Signature. RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

In enrolling at STiKS Academy and Sports Training, participant understands that he/she attending the programs and using STiKS Academy and Sports Training and the facilities does so at his/her own risk. STiKS Academy and Sports Training, MAGNA LLC, Performance Max, Spiderz Sports and Athlete Performance its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/She does hereby fully and forever release discharged hold harmless STiKS Academy and Sports Training and MAGNA LLC, Performance Max, Spiderz Sports and Athlete Performance all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or right of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by STiKS Academy and Sports Training. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at STiKS Academy and Sports Training, MAGNA LLC, Performance Max, Spiderz Sports and Athlete Performance to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize STiKS Academy and Sports Training, MAGNA LLC, Performance Max, Spiderz Sports and Athlete Performance and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Participants Signature (only if age 18 or over) or Parent Legal Guardian

_____ **Date**_____