

SPECTRUM SPORTS, Inc.

138 W. Carmel Dr. / Carmel IN 46032

317-587-1503

Late Night Gym!

Ages 3 and Up

First Friday of the Month

7:30-10:30 pm

Prompt Pick-up or Late Fee Charged

Pre-Registration Required

Participants Name: _____ Age: _____

Participants Name: _____ Age: _____

Participants Name: _____ Age: _____

Parents Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

*Physical or mental conditions we should be aware of: _____

Notification of Risk

Any athletic or game activity involving motion, rotation, height, balls, hoops or other apparatus will have the potential risk of injury. Injuries can be painful ranging from minor bruises to serious injuries including broken bones or stitches. Incidences of injury is very small and can be almost eliminated if participants follow the rules given and guidelines from instructors. However they cannot be completely eliminated.

I/We assume all risks involved in participation at Spectrum Sports, and all programs offered and hereby waive all claims against Spectrum Sports, Inc., its' agents, principals and employees for any injury suffered by my child connected with Spectrum Sports, Inc.

I certify that I have read and been notified of all risks. I certify that I have discussed all risks with child participating at Spectrum Sports.

Parents Signature

Date

Participation Fee (circle all that count)

Current Members \$22 / Siblings \$15

Non-Members \$26 / Siblings \$20

Payment Due: _____