

Infinity Elite Athletics Registration Form:

Registration fee's: **\$30.00** for one athlete or **\$45.00** for families with more than one child

(Registration fees are Non Refundable)

Athlete's Name: _____

Age as of Registration: _____ Athlete's Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

Grade as of Reg.: _____ Athlete's School: _____

Emergency Contact: _____ Emergency Contacts Phone Number: _____

Insurance Provider: _____ Policy Number: _____

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone (Mother): _____ Cell Phone (Mother): _____

Home Phone (Father): _____ Cell Phone (Father): _____

Work Number (Mother): _____ Work Number (Father): _____

Email (Mother): _____ Email (Father): _____

Person Responsible for Payment: _____

Important Payment Information:

- All monthly tuition is due by the 10th of each month.
- I understand that if I make my payment after the 10th there will be a \$15.00 late fee added to the athlete's monthly tuition.
- All Credit Card transactions will be an additional \$2 for the processing fees.
- Returned Check Fee: If a check is returned there will be a \$25.00 returned check fee added. Please initial here that you understand the above: _____

How did you find out about IEA? – Please check all that apply.

Were you referred by a member: YES / NO If so, who referred you?: _____

Friend: ____ Family: ____ Our Website: ____ Our FB page: ____ Web Search: ____ A Staff Member: ____

Signature: _____ **Date:** _____

Office Use Only:

Date of registration: _____ Payment Type: Cash: ____ Check: ____ Check #: ____ Debit: ____ Credit Card: ____