Ninjas Edge
146 W Carmel Drive
Carmel IN 46032
317-587-8777

Office Use Only Level _____ Day _____ Time_____ Enrolled_____
Level_____ Day_____ Time_____ Enrolled_____
Level_____ Day_____ Time_____ Enrolled_____

New Student Registration Fee… $40 (incl. T-shirt to be worn at practice) 2nd… $15 Annual Fee…$5 (August 1st or later)

Students Last Name	First Name	Date of Birth	Registration Fee	Annual Fee	Tuition	Balance Due
Students Last Name	First Name	Date of Birth	Registration Fee	Annual Fee	Tuition	Balance Due
Students Last Name	First Name	Date of Birth	Registration Fee	Annual Fee	Tuition	Balance Due

Address City State Zip Dads Name & Cell Moms Name & Cell Home Phone

Physical or Mental Conditions the Ninjas Edge should be aware of? NO Yes/explain_____

I/We hereby enroll _____ & _____ & _____ into DBA Ninjas Edge facility and programs.
I/We assume all risks involved in participation in DBA Ninjas Edge offered. I/We hereby waive all claims against Spectrum Sports Inc /DBA Ninjas Edge, its principles, board, employees for any injury my child may have received in connection with programs/privates conducted and offered at DBA Ninjas Edge.

*I agree to pay tuition on the last day of current pay cycle for next pay cycle. I agree to pay a late fee of $15 after the first week of the next payment cycle individual or family at $25.
*If tuition and other fees have not been paid in according to the contract the account will be turned over to collections with an added $40 added to last notice per participant.
*Withdrawing requires 2 additional paid weeks after the written notice received. NOT including the day, the notice is received.
*Without written notice on file, you are charged for 2 weeks and late fee from last date of attendance and possible collections of $40.
*NO verbal withdrawals or Cash refund
*Make up classes are allowed if you are enrolled and current on tuition in the same schedule.
*Make up class level are at the discretion and availability, we do not guarantee make ups. Every effort will be made to accommodate your request.
*Make ups cannot be reschedule once booked and if you don't come, they are lost.

Notification of Risk & Waiver for Spectrum Sports Inc. & DBA Ninjas Edge

Any sport or activity that involves motion, rotation, height, jumping, twisting, running or rolling involves a risk of injury. You maybe injured, and these injuries can cause discomfort and or pain and maybe serious. Injuries may include broken bones, sprains, concussions, limited movement, paralysis or even death. You are excepting the responsibility to inform your child of the possible risks in participation at DBA Ninjas Edge.

There are risks the participant and the parent assumes when participating, practicing in any activity that involves range of motion in a sport or activity at DBA Ninjas Edge. You are being notified of the inherent risks that may exist in participation.

I will assume all medical expenses, attorney and court expenses connected with any injury or incident or situation that may result in ambulance ride, Doctor visit, surgery and rehab at DBA Ninjas Edge facility.

I hereby Voluntarily release, forever discharge, agree to indemnify and hold harmless Spectrum Sport Inc & DBA Ninjas Edge equipment, facilities including agents, owners, officers, principals, partners, volunteers, participants, employees and all other persons in any capacity on Spectrum Sports Inc. and Ninjas Edge behalf under any circumstance even negligence by staff, owner(s), principals and equipment.

I certify that I have read and have been notified of said risks. I certify that I have discussed all possible risks with participant to their understanding and have enrolled my child(ren) in Spectrum Sports Inc, DBA Ninjas Edge programs.

Signature of Responsible Party for Participant Print Name Date