

Spectrum Sports Inc.

138 W Carmel Drive
Carmel IN 46032
317-587-1503

Office Use Only Level-Day-Time _____ Enrolled _____
Level-Day-Time _____ Enrolled _____
Level-Day-Time _____ Enrolled _____

New Student Registration... \$40 Family \$50 (start same time as 1st) Annual...\$20 Family...\$30

Address _____ City _____ Zip _____ Moms Name & Cell _____ Dads Name & Cell _____

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

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

Physical or Mental Conditions that Spectrum Sports Inc. should be aware of? No Yes/explain _____

I/We hereby enroll _____ & _____ & _____ into Spectrum Sports Inc. facility and programs.

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

*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 ups are at the discretion and availability. Every effort is made to accommodate the level.

*Make ups cannot be reschedule once booked and if you don't come, they are lost.

Notification of Risk & Waiver for Spectrum Sports Inc.

Any sport or activity that involves motion, rotation, height, jumping, twisting, running or rolling involves a risk of injury. You may be 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 accepting the responsibility to inform your child of the possible risks in participation at Spectrum Sports Inc.

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 Spectrum Sports Inc. 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, but not limited to.

I hereby Voluntarily release, forever discharge, agree to indemnify and hold harmless Spectrum Sport Inc. equipment, facilities including agents, owners, officers, principals, partners, volunteers, participants, employees and all other persons in any capacity on Spectrum Sports Inc. behalf. Under any circumstance even negligence by staff, owner(s), principals and equipment we will not hold responsible.

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

Signature of Responsible Party for Participant

Print Name

Date