



**NEXT LEVEL PERFORMANCE**  
by H.I.T. Athletic Academy

# **\*\* ADULT REGISTRATION FORM \*\***

**H.I.T. MEMBER #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **HOME #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**WORK #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_ **2nd EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **SEX: M F** **AGE:** \_\_\_\_\_

## **EMERGENCY INFORMATION/RELEASE**

In the case of an emergency, if my family physician cannot be reached, I hereby authorize H.I.T. Athletic Academy to seek treatment from another available, qualified, licensed physician.

**FAMILY PHYSICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

**INSURANCE COMPANY/POLICY #:** \_\_\_\_\_

**EMERGENCY CONTACT INFO:** \_\_\_\_\_

**2nd EMERGENCY CONTACT INFO:** \_\_\_\_\_

## **PHOTO RELEASE**

I, \_\_\_\_\_, give permission for H.I.T. Athletic Academy to publish photos of me on any H.I.T. Athletic Academy website, in publicity material, or newspaper.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I certify that the above information is complete and accurate and that I have received, read, understand, and will comply with, the Policies and Procedures and Rules put forth by H.I.T. Athletic Academy.

H.I.T. Athletic Academy Membership Fee is Non-Refundable. \$25.00 returned check fee. I hereby acknowledge that insurance provided by H.I.T. Athletic Academy is considered a secondary policy with limited coverage that only pays after primary coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_