



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

**** MINOR REGISTRATION FORM ****

H.I.T. MEMBER #: _____ **DATE:** _____

NAME: _____ **DATE OF BIRTH:** _____

HEIGHT: _____ **WEIGHT:** _____ **SEX: M F** **AGE:** _____

PARENT/GUARDIAN INFORMATION

NAME: _____

NAME: _____

STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **HOME #:** _____ **CELL #:** _____

WORK #: _____ **EMAIL:** _____ **2nd EMAIL:** _____

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 have my child treated by an 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 my child, _____, on any H.I.T. Athletic Academy website, in publicity material, or newspaper.

PARENT SIGNATURE: _____ **DATE:** _____

I certify that the above information is complete and accurate and that I have received, read, understand, and my athlete and I 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.

Parent/Guardian Signature: _____ Date: _____