



Extreme Fitness Club

www.efchawaii.com

Registration Form
SMALL GROUP BASKETBALL
March 5, 2010 – April 23, 2010

Registration Date _____

Gender M F

Name _____

Last

First

MI

Address _____

Street

City

State

Zip

School _____ Grade _____ Birthdate _____ Age _____

Parent Information

Mom's Name

Mom's Home Phone Number

Cell Phone

Mom's Email

Mom's Workplace

Work Phone

Dad's Name

Dad's Home Phone Number

Cell Phone

Dad's Email

Dad's Workplace

Work Phone

Medical & Dental Information

Insurance Company

Policy Number

Phone Number

Physician Name

Phone Number

Medical Issues? Yes No Please Explain: _____

Dentist Name

Phone Number

Marketing/Promotion Release Authorization

I (parent), _____ consent and authorize Extreme Fitness Club to market, promote and air programming of which contain my child's photographs but not limited to video and audio. I am aware that the purpose of this material is to promote Extreme Fitness Club and youth basketball.

Registrar's Use Only

Registration Fees: **\$300**

If a player notifies Extreme Fitness Club in writing received on or before March 3, 2010 that the player will be unable to attend the session, Extreme Fitness Club will refund the registration fee minus a \$25.00 handling charge. Otherwise, FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Cash Check # _____ Amount _____

Received by _____ Date _____ Time _____

Balance Due _____

Please make checks payable to: **Extreme Fitness Club**

P.O. Box 37035/Honolulu, HI 96837/e-mail: info@efchawaii.com