

*A Registration form must be completed for EACH child.*

Participant's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: Female Male Birthdate: \_\_\_\_\_ Present Grade: \_\_\_\_\_ ACAC Member:(y/n) \_\_\_\_\_

Allergies, medications, other concerns: \_\_\_\_\_

**Family Information**

Mother/Guardian Name: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

**Emergency Information**

Name #1: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name #2: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian Consent and Agreement**

I am requesting that the above child be admitted to the program and I understand the nature and scope of the program listed above and will adhere to all policies and procedures of the program. I understand that there are risks and dangers associated with the program. I understand that it is not the function of the Atlantic Coast Athletic Clubs of Virginia, Inc. (ACAC), its employees, agents, operators, or instructors to guarantee the safety of participants with respect to the program. I also understand that each participant has the responsibility to exercise due care in the performance of the program for the safety of himself/herself and the other participants. In the event that I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel, selected by the Director, to provide medical treatment deemed necessary by such personnel. I also give permission for the named child to be included in photos or videos for promotional use.

In consideration of the participant being permitted to enroll in the program I hereby release, indemnify, and hold harmless ACAC, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in the program.

**I HAVE READ, AND I UNDERSTAND, THE ABOVE LIABILITY RELEASE.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date