

# Champion Academy REGISTRATION FORM

Today's Date:		Sponsor name:		Contact No. ( )	
Youth last name:			First:		Middle:
Parent or Guardian Childs lives with you <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent (Last)		Parent (First)		Youth Birth date:    Age:    Sex: /   / <input type="checkbox"/> M <input type="checkbox"/> F
↓ Address		city	zip	apt no.	
			Home phone no.: ( )		Cell phone no.: ( )
Emergency Contact: Name			Relationship		Cell phone no. ( )
<b>List other siblings participating in program:</b>					
Last Name	First	Age	School District	Sport	
My child has insurance <input type="checkbox"/> I accept responsibility for payment. <input type="checkbox"/> I Authorize Champion to transport my child to the nearest medical facility or call an ambulance.			Company Insured with		Doctor Name                      contact no.
<b>Medical Information and Disclaimer</b>					
The above information is true to the best of my knowledge. I understand that I am financially responsible in the event my son or daughter is injured during an event sponsored by Champion Academy or its affiliates. I also authorize Champion Academy to release any information required to process my claims. I give my consent for _____ to participate in Champion Academy Sports program. I understand that excessive absences and unfavorable occurrences will automatically forfeit you or your child's participation in any of the activities sponsored by this organization.					
Print Name:			Parent or Guardian signature _____		Date:
Please indicate Interest (list a minimum of 3 please)					
<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Golf	<input type="checkbox"/> Theatre	<input type="checkbox"/> Cooking	<input type="checkbox"/> Art
<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Chess	<input type="checkbox"/> Sewing	<input type="checkbox"/> Fitness
Office only!					Please initial if application is complete.