

REGISTRATION FORM



Which Program/s are you registering for? (check all that apply)

Junior Ocean Rescue & Surf Camps	Private/Semi Private Surf Lessons	Private/Semi Private Swim Lessons	Hurricanes Swim Club Hurricanes Triathlon Club	Beachside Breakers Track & Field Club
June + July <input type="checkbox"/>	Year Round <input type="checkbox"/>	Year Round <input type="checkbox"/>	Year Round <input type="checkbox"/>	March-June <input type="checkbox"/>

Athlete's Name (Last, First):		Age:	Date of Birth:
Address:			
City		State:	Zip Code:
Parent/Guardian:			
Parent/Guardian Phone #:		Email Address:	
Emergency Contact:		Emergency Contact #:	
Allergies: YES/NO (please circle one) If yes, please explain:			
Swimming Ability: Circle one		A for Excellent	B for Intermediate
Physical Limitations: YES/NO (please circle one) If yes, please explain:		C for Beginner	
Signed Medical Release and Liability Waiver? YES/NO			
How did you hear about us?:			

PLEASE MAIL PAYMENT ALONG WITH THIS FORM TO THE ADDRESS LISTED AT THE BOTTOM OF THIS FORM

As the parent or legal guardian of _____, I hereby authorize and give my consent for my child's participation in Space Coast Youth Multi-Sports LLC (SCYMS) training programs and events. The undersigned expressly ACKNOWLEDGES, UNDERSTANDS AND AGREES that the activities offered by Space Coast Youth Multi-Sports LLC (SCYMS) involve the risk of injury and/or death and/or property damage. Accordingly, the undersigned ACKNOWLEDGES that Space Coast Youth Multi-Sports LLC (SCYMS) and/or its OFFICERS, COMMISSIONERS, EMPLOYEES OR AGENTS, INCLUDING VOLUNTEERS, all for the purposes herein referred to as "RELEASEE" are not responsible for any bodily injury, death or property damage sustained while participating in the Space Coast Youth Multi-Sports LLC (SCYMS) activities. The undersigned HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE, RELEASEE from any and all liability to the above named PARTICIPANT/CHILD, his or her personal representatives, assigns, heirs, and next of kin for any and all injury, death, loss, or damage, and any claims or demands therefore whether caused by negligence of RELEASEE or otherwise while the above-named PARTICIPANT/CHILD is participating in the activities. In the event that the above named PARTICIPANT/CHILD sustains physical injury while participating in the above referenced activity or activities, I hereby authorize and request that said PARTICIPANT/CHILD receive emergency treatment from individuals licensed by the State of Florida as a medical Service Unit as well as any hospital in the State of Florida. The UNDERSIGNED further expressly agrees that the foregoing AGREEMENT, WAIVER AND RELEASE is intended to be as broad and inclusive as is permitted by the laws of the state and county and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect. The UNDERSIGNED HAS READ AND VOLUNTARILY signs this AGREEMENT, WAIVER AND RELEASE and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made. I further grant the released parties the right to photograph and/or videotape my child and to use these photographs and media materials as well as my child's name, face, likeness, voice and appearance in connection with newsletters, publicity, advertising, promotional or Internet materials without reservation, compensation, or limitation. The released parties are, however, under no obligation to exercise said rights herein granted. I, as the parent/legal guardian for the above listed youth, attest that I am at least 18 years of age.

PARENT/GUARDIAN SIGNATURE

DATE

Space Coast Youth Multi-Sports LLC, P.O. Box 33661, Indialantic, FL 32903

321-557-2761

kidstriclub@gmail.com

KidsTriClub.Com