



Meridian Sports Clubs Rolling Hills PROGRAM REGISTRATION FORM

MERIDIAN
SPORTS CLUBS
Rolling Hills • Novato

Program Information

Program Name: _____ Program Dates: _____

Guardian Information (please print)

Guardian Name: _____ Full Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail Address: _____ Club Number: _____

Participant Information (please print)

Name: _____ Age: _____

Emergency Contact/Medical Information

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Special Health Considerations/Medications: _____
Allergies: _____
General Information: _____

Payment Method

Payment due upon registration. We need one week notice for full refunds.
Cash Amount: _____ Check Amount: _____ Check Number: _____
[] Visa [] Master Card [] American Express
Card Number: _____ Expiration Date: _____
Name on Card: _____
Billing Address: _____ Zip: _____
Signature: _____

Release of Photographs

The undersigned understands and agrees that photographs may be taken during camp and the undersigned hereby gives permission to have his/her child's photo taken and authorizes the use and reproduction of said photos by Meridian Rolling Hills Club. All negatives and prints shall become the sole property of MRHC.

Participant Name: _____ Adult Signature: _____ Date: _____



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Release/Assumption of Risk

In consideration of being permitted to use Meridian Sports Club Rolling Hills facilities and equipment, on behalf of myself and my family, heirs, and assigns, I hereby release the Club, its owners, officers, directors, employees, and agents (personnel) from liability for injury, death, or loss suffered by me or my guest while using the facilities, equipment, or in any way associated with participating in any and all Club activities in house and offsite, now or in the future, except for intentional wrong or gross negligence of Meridian Sports Clubs Rolling Hills and its personnel. By the execution of this agreement, I assume full responsibility for personal injury death, or loss resulting from such risks. In addition, I authorize Meridian Sports Clubs Rolling Hills to take emergency action in the event of an incident, which, in the reasonable judgment of Meridian Sports Clubs Rolling Hills, calls for such action. I give the foregoing freely and voluntarily, not under duress, and I fully understand the implications of my actions.

Participant Name: _____

Adult Signature: _____

Print Name _____ Date: _____

Please return Program Registration forms to Jessica Hotchkiss,
Director of Children's Programs at least one week in advance of
program start date.