

S.A.F.E. After School Program Registration Form

NAME _____

PHONE(1) _____ PHONE(2) _____

ADDRESS: _____

E-mail _____

PROGRAM FEES (please check one):

_____ Monthly: \$450.00

_____ Weekly: \$120.00

_____ Daily: \$30.00

All payments are due in advance.

PAYMENT RECORD

Amount _____ Date _____

Amount _____ Date _____

Amount _____ Date _____

Amount _____ Date _____

Amount _____ Date _____

Amount _____ Date _____

Amount _____ Date _____

Amount _____ Date _____

Please indicate the dates you wish to sign up for:

LIABILITY RELEASE

In consideration of your acceptance of my entry, I do hereby for myself, my heirs, executors, and administrator, waive, release and discharge against CLARK'S SELF DEFENSE, and/or its departments, officers, agents, representatives, and/or assigns, and against my participant for any and all damages which may be sustained by me in connection with my association with or entry in the above athletic event, or which may arise out of my traveling to, participating in, or returning from said event.

SIGNATURE (Parent or guardian if under 18) _____ **DATE** _____