



**Northside Aquatics Club Summer Dry Land Performance Camp
Enrollment Application**

MEMBER INFORMATION:			IN AN EMERGENCY, PLEASE NOTIFY:		
FIRST NAME	MIDDLE INITIAL	LAST NAME	NAME	RELATIONSHIP	
DATE OF BIRTH		AGE	ADDRESS		
HOME ADDRESS/APARTMENT NUMBER			CITY	STATE	ZIP
CITY	STATE	ZIP	TELEPHONE		
HOME TELEPHONE		HOME EMAIL ADDRESS	EMAIL ADDRESS		
Performance Enhancement Services: <input type="checkbox"/> Summer Dry Land Camp: \$160					

AUTHORIZATION FOR CAMP PAYMENT

I hereby authorize AthletiCo or its agent to charge my credit/debit card for the Northside Aquatics Club Summer Dry Land Performance Camp

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Account # _____ Expiration Date _____ EFT Start Date _____ Name as it appears on credit card _____ Signature _____

GENERAL RELEASE OF CLAIMS

In consideration of allowing _____ (“Participant”) to participate in the Northside Aquatics Club Summer Dry Land Performance Camp and to utilize the services of AthletiCo, Ltd. personnel (or any of its affiliates or subsidiaries), and for other good and valuable consideration, the sufficiency of which I hereby acknowledge, I _____, and anyone acting on my behalf, including but not limited to, my attorneys, representatives, agents, heirs, executors, administrators, assigns, insurers, predecessors, successors or any other person or entity asserting claims through me, including the Participant, agree to release and hold harmless AthletiCo, Ltd., and its officers, directors, shareholders, partners, employees and agents, and any parents, subsidiaries or affiliates or affiliated companies thereof (collectively, the “Releasees”), from and against any and all claims, suits, losses, expenses, costs, damages, and liabilities (including reasonable attorneys’ fees and expenses) including, but not limited to, arising from any and all bodily or personal injuries or death and the consequences thereof which hereinafter may accrue or arise against the Releasees and which in any way arise out of or are in any way related to the Participant’s utilization of the services of AthletiCo Ltd. personnel and participating in the Event in any manner.

In signing the foregoing release, I hereby acknowledge:

I AM THE PARENT OR LEGAL GUARDIAN FOR THE PARTICIPANT.

I ASSUME ANY AND ALL RISK THAT IS IN ANY WAY ASSOCIATED WITH, RELATED TO OR OCCURS OR ARISES OUT OF THE PARTICIPANT'S PARTICIPATION IN THE EVENTS.

I HAVE CAREFULLY READ THIS RELEASE, FULLY UNDERSTAND IT, AND SIGN THIS VOLUNTARILY WITH FULL UNDERSTANDING OF ITS CONSEQUENCES.

Signature

Print Name

On Behalf of _____

Date _____