



A division of Evans Kurth Holdings, LLC

Advantage Performance Registration Form

First Name	
Last Name	
Address 1	
Address 2	
City	
State	Zip
Date of Birth	
Mother's First Name	
Mother's Last Name	
Home Phone	Work Phone
Email	Cell Phone
Father's First Name	
Father's Last Name	
Home Phone	Work Phone
Email	Cell Phone

PLEASE ENROLL (child's name) _____ IN

MIDCOURT ADVANTAGE PERFORMANCE FOR 2 3 4 DAYS A WEEK. (circle one)

DAYS ATTENDING WEEKLY: MONDAY TUESDAY WEDNESDAY THURSDAY (circle)

Waivers Form

Medical Release

I give my permission to Midcourt/SNAVE Group to obtain emergency medical treatment for my child in the event I cannot be reached.

Signature: _____

Insurance Release

It is understood and agreed that any accident or sickness claim will be covered by the parent's or guardian's insurance.

Company: _____

Policy #: _____

Signature: _____

Photo Release

Midcourt/SNAVE Group and its sponsors have my permission to use photos of me/my child in promotional and educational material

Signature: _____

Credit Card Policy

A valid credit card is required to be kept on file with the Midcourt business office. Parent/Guardian is required to maintain a valid credit card number on file at all times:

_____ Visa _____ MasterCard

Card # _____ Exp. Date: _____

Security Code on Card: _____ (3/4 digit number on back of card)

Name on Card: _____

Signature on Card: _____

Billing Address of Card: _____

I have read, signed and I am fully aware of each agreement outlined above.

Participant's Name: _____

Parent/Guardian Signature: _____ Date: _____