

GRIT

Participant's Name: _____ DOB: ____/____/____

Cell Phone # _____ Home Phone # _____

Email Address: _____

Instructor Name: _____

Days: _____ Total Due: _____

Time: _____

Cancellation Policy: There is a \$25.00 cancellation fee once the enrollment form is received unless the program is cancelled by HealthQuest. No cancellations will be accepted after the program begins. Credit requests due to injury or extended illness must be evidence by a doctor's note. All credit requests must be made within 7 days of the injury or illness.

RELEASE STATEMENT:

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest, its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Participants Signature: _____ **Date:** _____

Method of Payment (CHECK ONE) Check Credit Card HQ Member Charge

◆ HealthQuest Member Charge Account Number: _____

◆ Check # _____ Make checks payable: **HealthQuest**

◆ Credit Card # _____ Exp. Date: _____