

# The Courts of NWI Individual Registration Form For Camps, Clinics, Classes, Events, and Programs

PARTICIPANT NAME: \_\_\_\_\_ MALE or FEMALE

ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**For registrants under 18 years of age:**

MOTHER/FATHER (Guardian): \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Mail registration & check payable to: The Courts of Northwest Indiana.**

I/we do hereby acknowledge, recognize and accept the inherent risk of bodily injury, disability, paralysis and/or death to myself/ourselves and/or my/our children that exists as a result of my/our participation in any athletic endeavor, and specifically, by my/our participation in athletic endeavors offered or hosted by The Courts of NWI. As such, I/we do hereby agree to save, hold harmless and indemnify The Courts of NWI, its owners, employees, agents, and other individuals or entities operating on behalf of The Courts of NWI, for any bodily injury, disability, paralysis, and/or death, that I/we and/or my/our child(ren) may sustain as a result of my/our participation in any athletic endeavor offered by The Courts of NWI

In the event that I/we or my/our child(ren) suffer some type of injury or illness which requires immediate medical treatment, I/we do hereby consent to and authorize the administration of such first aid and/or medical treatment to myself/ourselves and/or my/our child(ren) by employees and/or agents of The Courts of NWI trained to administer such first aid and/or medical treatment. I/we do further consent to and authorize employees and/or agents of The Courts of NWI to arrange for ambulance service for an appropriate medical facility for me/us and/or child(ren).

I/we do here by acknowledge that I/We are responsible to supervise my/our children during Birthday Parties or Open Jumps with inflatables. All Jump house rules must be supported and enforced by the parents/guardians of the child(dren). These rules are posted on the inflatables, and include but are not limited to, number of children on attraction, age of children allowed on attraction, no horseplay on the attraction and not climbing on walls of attraction.

By signing this consent form/liability release, I agree to allow The Courts of NWI to reproduce the likeness of myself/my child(ren) in a photo, video, etc., in promotional materials and/or publications.

**To Parents/Guardians:** This registration form also serves as an agreement that after I enroll my child in this program and pay, the money is non-refundable should my child or I change our mind(s) or decline to participate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parents: Please sign on behalf of yourself and your child(ren) under 18 years of age