

AMP ATHLETICS REGISTRATION FORM

**** Annual registration fee of \$45 plus class fee upon start date**
(RENEWS EVERY MARCH 1ST)**

Athlete's Name: _____ Date: _____

Athlete's DOB: _____ School Attending: _____ Grade: _____

Parent's Name/Guardian: _____

Street Address: _____

City/State/Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

****REQUIRED FOR GYM CLOSING NOTIFICATIONS HOLIDAYS ETC****

Emergency Contact Name: _____

Emergency Contact Cell Phone: _____

Any medical issues that we need to be aware of (diabetes, asthma, heart problems, etc) _____

How did you hear about AMP Athletics and/or who recommended AMP? _____

I _____ (parent/guardian) understand that tuition fees are drafted on the 1st of every month on the card I have on file with AMP and understand that I will be charged a \$15 late fee if tuition fees are not paid by the 10th of each month.

I _____ (parent/guardian) understand that if I do not drop a class before the 1st of each month I will NOT be refunded for the month. NO EXCEPTIONS.

PARENT/GUARDIAN SIGNATURE: _____

THANK YOU FOR CHOOSING AMP ATHLETICS!!!