



Dance

by Fox Feet Productions

OFFICE USE ONLY
Member ID _____

Registration Form

Please print clearly. ALL fields are required.

Date: ____/____/____

PARTICIPANT:

First & Last name: _____ Date of Birth (MM/DD/YY): ____/____/____ [] Male [] Female

If participant is under 18:

Parent/Guardian name: _____ [] Mother [] Father [] Legal Guardian Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone #: _____ - _____ - _____ Evening Phone #: _____ - _____ - _____ Cell Phone #: _____ - _____ - _____

Email: _____

SELECT CLASS(es) & SESSION(s):

6-WEEK SESSION START DATE(s): [] Feb. 17 [] March 31

You may join in mid-session, and fees will be pro-rated accordingly.

CLASS NAME: _____

CLASS DAY(S): _____

CLASS TIME: _____

Program	Classes per week	Member	Non-Member	Member Sibling
6 Week	1	\$102	\$132	\$85
6 Week	2	\$187	\$242	\$170

NOTE: A signed RELEASE FORM is required for every participant. If participant is under 18, release form must be signed by parent or legal guardian.

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Employee Full Name _____

Payment Date _____

Payment Cash Check Visa MC Amex Phone in? Yes No Online? Yes No



MANDATORY RELEASE FORM (non-members)

Please print clearly. ALL fields are required.

Date: ____/____/____

Program/event you are participating in: _____

PARTICIPANT:

First & Last name: _____ Date of Birth (MM/DD/YY): ____/____/____ [] Male [] Female

If participant is under 18:
 Parent/Guardian name: _____ [] Mother [] Father [] Legal Guardian Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone #: _____ - _____ - _____ Evening Phone #: _____ - _____ - _____ Cell Phone #: _____ - _____ - _____

Email: _____

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY PROGRAM, RELATED EVENTS, AND ACTIVITIES ("PROGRAM") AT SILVER CREEK SPORTSPLEX ("FACILITY"), THE UNDERSIGNED ("PARTICIPANT") UNDERSTANDS, ACKNOWLEDGES, AND AGREES AS FOLLOWS:

1. The risk of serious injury arising from participation in the Program is significant, including the potential for permanent paralysis and death. Participant represents and warrants that Participant has no physical limitations that would prevent Participant from participating in the Program. Program rules, equipment and personal discipline may reduce the risk of injury; however, there may be risks and dangers not currently known or foreseeable arising from participation in the Program.
2. Participant KNOWINGLY AND FREELY ASSUMES ALL RISKS, both known and unknown, and whether or not such risks are foreseeable, in connection with participation in the Program. EVEN IF SUCH RISKS ARISE FROM THE NEGLIGENCE OF THE PARTICIPANT, RELEASEES (defined below) or others, Participant assumes the risk of injury or death and takes full responsibility for participation in the Program. 3. Participant willingly agrees to comply with the stated and customary terms and conditions for participation ("Rules") and to bring to the attention of the nearest official any violation of such Rules by any third party.
4. Knowing and understanding the risks inherent in participation in the Program, Participant, on behalf of himself or herself, and for Participant's heirs, executors, administrators, beneficiaries, successors, assigns, personal representatives and next of kin, HEREBY RELEASES AND AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS MRZ LLC, doing business as Striker's Den, Rollin' Ice, Mighty Cubs, LOL Parties, ProShop Go, and Silver Creek Sportsplex, its members, officers, officials, agents, and/or employees, other participants, Silver Creek Sportsplex, their affiliates, sponsoring agencies, sponsors, advisors, and if applicable, as well as owners and lessors of the premises used to conduct the Program ("RELEASEES") from and against any claims arising from or with respect to ANY AND ALL INJURY, DISABILITY, DEATH, loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. PARTICIPANT SHALL NOT BRING ANY CLAIM AGAINST RELEASEES which claims concern or are connected in any way with death, injury, damage or loss arising from Participant's involvement in the Program, whenever or however they occur. In connection with such RELEASE, Participant hereby waives the protection of California Civil Code Section 1542, which reads as follows:
A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.
5. PARTICIPANT (OR IF PARTICIPANT IS A MINOR, PARTICIPANT'S PARENT OR LEGAL GUARDIAN) HAS READ, UNDERSTANDS AND AGREES TO THE RELEASE OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK PROVISIONS CONTAINED HEREIN. PARTICIPANT FULLY UNDERSTANDS SUCH TERMS AND PROVISIONS, AND ACKNOWLEDGES THAT BY SIGNING THIS DOCUMENT, CERTAIN SUBSTANTIAL RIGHTS HAVE BEEN GIVEN UP. EXECUTION OF THIS DOCUMENT IS REQUIRED FOR PARTICIPATION IN THE PROGRAM, HOWEVER, THIS DOCUMENT IS SIGNED FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
6. Parent/Guardian Authorization/Medical Release: Participant has my permission to participate in the Program. In the event of an emergency and in the event that I cannot be reached, I hereby give permission to the Facility staff to secure emergency transportation, including hospitalization, at my expense, to any hospital, and to authorize treatment of Participant. I understand that if Participant fails to follow the Rules, uses inappropriate language or displays inappropriate behavior, as determined by the Facility staff, Participant may be DISMISSED FROM THE PROGRAM, permanently or temporarily, WITH NO REFUND. Any image or likeness of Participant is used by MRZ LLC for promotional purposes with full permission of Participant.

Authorization: _____
 Signature of participant, or if participant is under 18, signature of parent/legal guardian as listed above.

IF SUBMITTING BY EMAIL, you may sign electronically on the line above or check the box and initial below:

[] I agree with the above terms. Initial: _____ Intitials of participant or, if participant is under 18, initials of parent/legal guardian as listed above.

How did you hear about Silver Creek Sportsplex? (Please check all that apply)

- [] TV [] WAVE Magazine [] Bay Area Parent [] Radio (station: _____) [] Attended a party/event at the plex
 [] Newspaper [] Sharks magazine [] SJSU Spartans [] I'm a Club One member [] School/community event
 [] School flyer [] Direct mail [] Other/Friend (Please tell us who, so we can thank them!) _____