Crivitz Youth Inc. Community Center Martial Arts
Adult Registration Form

Mondays / Thursdays
6:00 pm to 7:00 pm
Open to anyone, CYCC members and non-members, ages 7 and up
Cost: CYCC Members - $30.00/ 8 sessions
Non-Members - $40.00/ 8 sessions

Important information: participants are responsible for acquiring their own uniforms:

- Pants and a white belt will cost around $40 with tax and shipping.
  - A good resource is centurymartialarts.com, but there are options available on Amazon as well. All other colored belts will be purchased through the CYCC front desk as part of the testing fee.
- T-shirts with the CYI Martial Arts logo can be ordered at the CYCC front desk for $24.00/shirt. We need a minimum order of 12 shirts before an order can be placed.

Participant Information

Participants Name_____

Address_____

Birthdate_____ Age_____ Phone: _____

Health Concerns: _____

_____

Preferred form of Communication

Call:_____ E-mail:_____

Emergency Contact

Emergency Contact Name_____ Phone: _____

Relation to Participant: _____

Crivitz Youth, Inc.

AGREEMENT & WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT FOR ALL CRIVITZ YOUTH, INC. ACTIVITIES / EVENTS / CLASSES

As an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. I _____ have read the Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common sign, symptoms, and behaviors. I agree to be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that I cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of returning to practice/play too soon. In consideration for receiving permission to participate in a Crivitz Youth, Inc. activity of my choice, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE and further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS Crivitz Youth, Inc., the members of its Board (in their official and individual capacities), administrators, agents, servants or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, costs, expenses, attorney fees, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted. I am fully aware of and acknowledge the potential risks of serious personal injury associated with this activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be dangerous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me, or any loss or damage of property, owned by me, as a result of being involved in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Wisconsin. IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read this Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same. I, the above-named Participant, consent to participation in the Crivitz Youth, Inc. activity(ies), acknowledge the risks associated with participation therein, and agree to be bound by this Waiver of Liability and Hold Harmless Agreement and the terms contained herein. Additionally, I consent to Crivitz Youth, Inc. seeking reasonable and necessary medical treatment for Participant during such event or associated activities and agree to be responsible for any cost/expenses associated with such treatment.

Participant Name _____

Participant Signature _____

Date_____