



## INNER STRENGTH REGISTRATION FORM

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Date Of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

T-Shirt Size Circle One S M L XL XXL Shoe Size \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Place Of Employment \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Place Of Employment \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship To Participant \_\_\_\_\_

Participant's School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone Number \_\_\_\_\_

Principal's Name \_\_\_\_\_

Counselor's Name \_\_\_\_\_

I hereby give approval for the participation of my child in any and all Inner Strength activities and assume all risks and hazards to such participation, including transportation to and from all activities. I agree to hold harmless Inner Strength, Inc. and affiliated associations, organizations, coaches, parents, participants and officials from any claim arising out of injury to my child. I also give permission for Inner Strength to obtain medical services for my child in case of medical emergency or injury. I understand that **NO REFUNDS** will be issued unless approved by Inner Strength, Inc.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**FOR INNER STRENGTH USE ONLY**

Age Group/ Team Name \_\_\_\_\_

Coach's Name \_\_\_\_\_

**REGISTRATION FEE**

Circle Form Of Payment

Cash    Check    Credit Card    Money Order    Financial Award

Payment Received By \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_