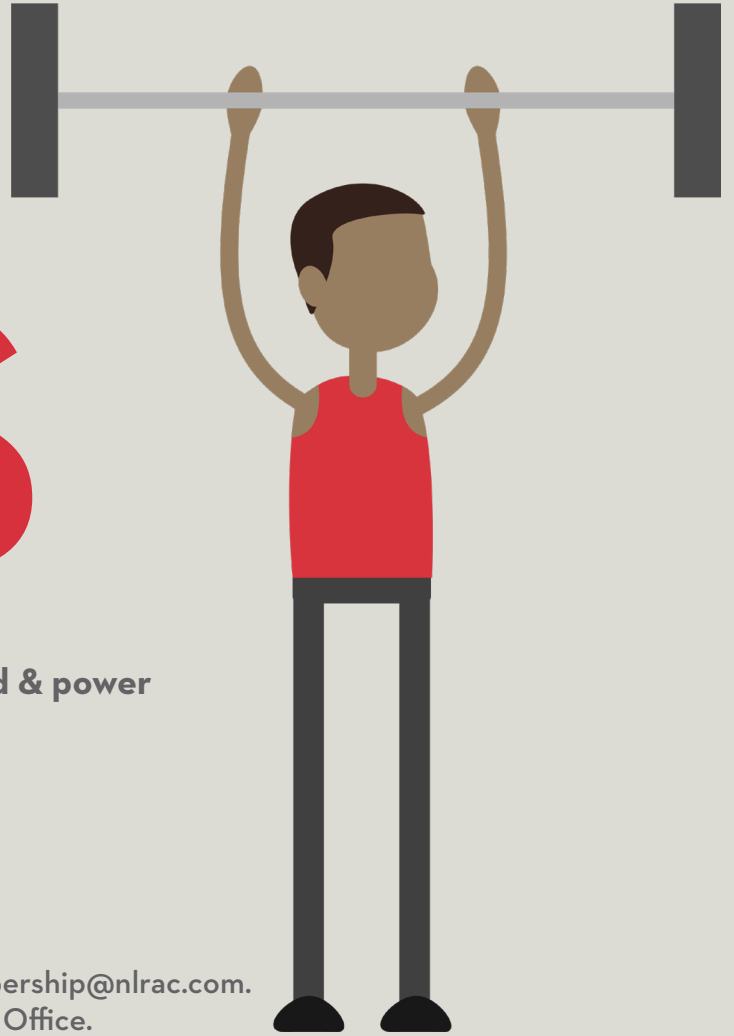


# 501 KIDS



**Functional athletic training ages 8 - 14**  
**Improve your agility, mobility, flexibility, speed & power**

**Tuesdays | Thursdays**  
**6:15 - 7:00 pm**

**Monthly Fee**  
**Members: \$35, Non-members: \$50**

(Must be 8+ years old to participate)

For more information, contact Charlie Rogers at [membership@nlrac.com](mailto:membership@nlrac.com).

To register, return completed form to the Membership Office.

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: Male Female

Child is an:  NLRAC member  LRAC member  LRRAC member  Non-member

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's phone: \_\_\_\_\_ Father's phone: \_\_\_\_\_

Email (used for program announcements): \_\_\_\_\_

## MEDICAL INFORMATION

Person to contact in case of emergency if parents cannot be reached: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency room of choice: \_\_\_\_\_

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): \_\_\_\_\_

# PAYMENT INFORMATION

Person responsible for payment: \_\_\_\_\_

Responsible party's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Method of Payment (Indicate your choice by completing the appropriate information below):

For security reasons, your payment information will be encrypted by our computer software and this information will be shredded.

LRRC/LRAC club account option (for members only/account must be current)

Name of member to be charged: \_\_\_\_\_

Credit/Debit card option (Visa, MasterCard, Discover, American Express)

Name as shown on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CCV number: \_\_\_\_\_

## CANCELLATION POLICY

Cancellation must be done by the last day of the month in order to avoid being charged for an additional month. NO VERBAL notifications will be accepted by coaches. To make the change, contact the Membership Office.

## WAIVER

Release of Liability and Assumption of Risk Agreement - The facilities and activity programs offered under the auspices of the Little Rock Athletic Centers, LLC (LRAC), dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club, have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health or safety of the Members or guests who utilize the facilities or participate in its on or off-site activities. Because of the nature of these programs and of the equipment utilized, there is an inherent risk of injury. Therefore, any exercise activity places a practical limitation on the ability of LRAC to prevent injuries to participants regardless of the activities of the participant while taking advantage of the opportunities at LRAC. The undersigned acknowledges the individual responsibility to minimize risk by thoughtful and cautious use of the programs, equipment and the facilities of LRAC.

Therefore, in consideration of being allowed to participate in LRAC programs and to utilize equipment and facilities at LRAC, I the undersigned, acknowledge and agree that:

The risk of injury from the activities involved in LRAC programs, equipment and facilities is significant, including the potential for permanent paralysis and death.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown and assume full responsibility for my participation.

I willingly agree to comply with all terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest LRAC representative immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS LRAC, its members, managers, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any

INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

Photography and/or Video Responsibility - I understand that the LRAC periodically takes facility and group photography and video and uses the resulting content for lawful purposes including, publicity, illustration, advertising and web content. I recognize that when taking pictures or video of a large group or capturing a spontaneous event, it is not always feasible for the LRAC to obtain individual consent. As a result, if I do not want to be in pictures or video, it is my responsibility to remove myself from the area or group being photographed.

I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of me. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose including, for example, such purposes as publicity, illustration, advertising and web content.

Text and Email Communication - By opting in to receiving text and email messages from LRAC, I agree to allow LRAC and all its subsidiaries, agents and service providers to contact me with promotional and informational texts and emails at the phone number(s) and/or email address(es) provided. I acknowledge that providing these phone numbers and email addresses is not a condition of receiving any property, goods or services. By listing this information, I certify that it is accurate and that I own the rights to use it and give consent for it/their use. Additionally, I understand that I can request to not receive emails or texts by contacting the Membership Office at any one of the Clubs.

My signature conveys that I have read all of the above, fully understand its meaning and that I have given up substantial rights and granted specific permissions which I do freely and voluntarily without any inducement.

## MY SIGNATURE CONVEYS

- I authorize the LRAC to draft my program fee;
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I understand and agree to the cancellation policy;
- I have read the Release of Liability and Assumption of Risk Agreement above; fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement;
- I give my permission for the club to contact me via email and text with club news, offers and programming information;
- I have read the Permission to Use Photography and/or Video Agreement above and give consent for my child to be in video or photographed; and
- This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

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