



Registration / Release of Liability Form

Print this form. Complete with payment and mail, fax, email or drop off your form to:

BOOST Sports Performance
224 N. 291 Hwy
Liberty, MO, 64068

Phone: (816) 407-1249, FAX: (816) 407-1259, Email: info@boostkc.com

Activity Enrolling In:

Participant Name:

Date of Birth:

Current Age:

Street Address:

City:

Zip:

Name (s) of Parents:

Parent Home Phone:

Work/Cell Phone:

Parent E-mail:

Sports of Interest:

How or who did you hear about us?

Total Payment Enclosed or Pay by Credit Card: _____

Please run my credit card upon receipt of this registration form. My signature indicates my approval of this transaction. **Signature:** _____ **Date:** _____

Credit Card Type:

Credit Card Number:

Credit Card Expiration Date:

I, _____, (parent or legal guardian) hereby release BOOST Sports Performance, LLC, and all associates, employees, volunteers, officials and agents associated with this program and KC Sports Lodge, LLC and facilities from any claims, liabilities, loss of services, and cause of action of any kind for personal injury including death and property damage arising in any way out of participation. I hereby authorize the supervisors of BOOST Sports Performance, LLC to act for me according to their best judgment in an emergency requiring medical attention. My son/daughter is fully covered by our personal family health plan in the event of sickness or injury. Parents and guardians must inform BOOST Sports Performance, LLC of any and all special health needs. BOOST Sports Performance, LLC reserves the right to utilize images and/or pictures of all program participants for future BOOST Sports Performance, LLC publications and promotions.

Signature of Parent or Legal Guardian: _____

Date: _____

www.boostkc.com