



Registration / Release of Liability Form

Please fax or drop off your form to:

BOOST Sports Performance
2105 Kara Ct
Suite A-1
Liberty, MO, 64068
Phone: (816) 407-1249,
FAX: (816) 407-1259,

BOOST Sports Performance
K.C Sports Lodge
19310 E. 50th Terrace
Independence, MO 64055
Phone: (816) 795-6117
Fax: (816) 795-0482

Email: info@boostkc.com

Activity Enrolling In: Punch Cards PREP Private Team _____
 MPIRA B.FIT Combine Other _____

Participant Name:

Date of Birth:

Current Age:

Address:

City:

Zip:

Name(s) of Parent(s):

Home Phone:

Work/Cell Phone(s):

Parent E-mail(s):

Sports of Interest:

Primary Goal:

How did you hear about us?

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

Staff Use Only: Payment: Amount _____ Cash Check Card Gift Certificate Note: _____ Initials _____

EZ: Personal _____ Package(s) _____ Exp. Date _____ Schedule _____ Self Service e-mail _____

Database _____ Double Check ALL of the above and File _____ Date _____