LEAGUE AND TOURNAMENT REGISTRATION FORM

Impact Sportz	Contact: Lonnie Welch	h 512-312-6283	Email: Lonnie	e@Impact-sportz.com
Coaches Name:		Team	Name:	
Name		Address		
City	State_	Zip Code	Co	ell Phone
Email				
League or Tourn League Season (Payment Method	ament Gender (choo ament Level (choos choose one): Winter d (choose one):	e one): 4th 5th (\$400.00) Fall	6th <mark>7</mark> th 8th I <mark>(\$40</mark> 0.00)	
REFUND/CANCELLAT	ΓΙΟΝ POLICY:			
Enclosed is the enrollment fee paid in full, for the above named student. I understand that my entire fee, less a 20% non-refundable processing fee, will be refunded if such student cancels at least two weeks prior to the first day of practice. At any time after that date, I understand no refund will be made, but I will receive a credit, minus the 20% registration fee, for future instruction. I further understand there will be no refund or credit for days unattended by student. The Impact Sportz program reserves the right to cancel any program or decline any application. Permission is given to use my child's photo, video or audio recording resulting from the Program for promotional purposes.				
WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE:				
As parent or legal guardian for				
I have read this Waiver and General Release and Covenant Not to Sue and Refund/Cancellation Policy carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releases. I acknowledge that I am signing this				
		0	0	which include, without imitation, the esults from the negligence or fault of
Signa	ture:		Da	te: