

Diamond Dreams

General Registration Form

DATE: _____

NAME OF PARTICIPANT: _____

PARENT/GUARDIAN NAMES: Mother: _____

Father: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

AGE: _____ CURRENT GRADE: _____ SCHOOL: _____

E-MAIL ADDRESS: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT: NAME: _____ RELATION: _____

HOME PHONE: _____ CELL PHONE: _____

Please Read:

- 1. Member understands and agrees that Diamond Dreams shall have complete control of all aspects of the management of the club including, but not limited to: membership, dues, admission fees, and suspension or termination of all memberships**
- 2. All exercise and participation or use of club facilities or equipment is done at the risk of the member, or their guest and Diamond Dreams assumes no liability for personal injury, loss of property, or theft.**
- 3. HOURS OF OPERATION: I understand that the club is open for my use at the hours posted and those hours are subject to change seasonally, for holidays, or in the event of an emergency: fire, flood, electricity outage, etc.**
- 4. RETURNED CHECKS: Any returned checks will result in a \$30.00 fee.**

Member Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____

