



ENROLLMENT APPLICATION AND PAYMENT FORM.
Annual Insurance/Registration (\$30)

Athlete Name: Date of Birth:
Parent's Name: Email:
Emergency Name and Number:
Clothing size:

CREDIT CARD AUTORIZATION:
Name on card: Card Number
Exp. Date: CVV:
Billing address:
1. There is no reduction or refund of fees due to absence.
2. Payment is automatically charged during the first 5 days of the session. Returned payments will incur fee of \$35.
3. 15 day written notice is required to terminate billing and I am responsible for payment whether or not my student attends classes until I notify this facility in writing to drop my athlete from the program.
4. By submitting this information, you authorize TRI4KIDZ to charge the account stated above for the amount of:

WAIVER: Tri4Kidz want the experience in training practices, are free of hazards and healthy. However, in case of an accident or illness, it is important that we give the following information:

I, the parent/guardian of the participant agree and understand that triathlon is a HAZARDOUS activity.

That I am participating in the Training Program offered by Tri4Kidz during which I will receive information and instruction about health and fitness. I represent and warrant that I am physically fit and I have no medical conditions which would prevent my full participation in the Program.

I am aware that the practices are held outdoors, and require the precautions necessary to participate. Wearing a helmet is mandatory for cycling training, otherwise you can not make such a practice. The training to be carried out installations of the Community Center and City of Miami, will be advised in advance by coaches, and parents will be responsible for the authorization, and transfer of children to the right place.

In consideration for being permitted to participate in the Program, I agree to assume full responsibility for any risks, physical injuries, losses or damages, known or unknown, which I might suffer as a result of participating in the program. Therefore, I knowingly, voluntarily and expressly waive any claim or action I might have against Tri4Kidz, it's officers and employees, for injuries or damages resulting from or associated with my participation in the Program. I hereby COVENANT NOT TO SUE and FOREVER RELEASE this company.

PHOTO RELEASE: Tri4Kidz Triathlon Team is hereby granted permission to use photographs and/or video of my child/children in marketing materials (Social Media platforms and others)

POLICES AND PROCEDURES:

- 1. All athletes will be charged a \$30 Registration Fee
2. Sessions may not be split up.
3. Children will not be allowed to participate without completed registration form.
4. You should pick up your child when the class ends, or let us know in this form how she/he gets home. We are not responsible for your child after the class is over.

Make-ups It will be done in a different class and during the same session.

I confirm that I am freely signing this Agreement and Waiver Release of Liability. I have read this form and fully understand its contents.

DATE

SIGNATURE OF GUARDIAN