



TRAINING SESSIONS REGISTRATION SHEET

Participant Information:

Last: _____ First: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ DOB ___/___/____ | T-Shirt Size(Circle): YS YM YL S M L XL

Skills Level(Circle): Beginner Intermediate Advanced

Medical Alerts: _____

Parent/Guardian Information:

Name: _____ Phone#: _____

Waiver & Agreement:

Refund will not be given based on request not being upheld. Refund will not be given for missed or canceled sessions. By signing, I verify that my child is in good physical condition and will not waive all responsibility to Patryk Janiszewski, or other coaches for any injuries. I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the above activities and my child's participation in said activity and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby accept these risk and dangers.

Please Circle: Cash Check PayPal Money Order

Please prepare checks/money orders payable to PATRYK JANISZEWSKI

If paying with PayPal, transfer money to 321.266.7436

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AND ACCEPT THE RISKS INVOLVED.

Signature: _____ Date: ___/___/____