## **CITIZENS OF THE WORLD**

\_\_\_\_\_ DATE \_

SIGNATURE

PLEASE WRITE INFORMATION NEA	TIOOL. GITTZEIN: TLY AND LEGIBLY.	3 OF THE V	VONLD	DATE RECEIVED:	STAFF INITIALS:	
STUDENT NAME:			MPUS: [ ] SILVER L	AKE []HOLLYWOOD GRADE:	HOLLYWOOD GRADE: DOB:	
PARENT/GUARDIAN:			ONE:	ALT. PHONE:	ALT. PHONE:	
			CITY: ZIP CODE:			
EMAIL:						
EMERGENCY CONTACT 1: _			PHONE:	ALT. PHONE:		
EMERGENCY CONTACT 2: _			PHONE:	ALT. PHONE:		
MEDICAL NOTES:			RELEASE OF LIA	BILITY AND ASSUMPTION OF RISK		
REGISTRATION			<b>DUTY OF PARTICIPANTS</b> : Some activities conducted by Good Sports Plus Ltd. doing business as arc (hereinafter, "arc") may be hazardous to participants. All participants have a duty to act as a reasonably prudent person when engaging in the activities offered by arc.			
ENROLLMENT TYPE PRICE			ACKNOWLEDGMENT AND ACCEPTANCE OF RISK: I understand and acknowledge			
☐ Full Price	\$276 per month		that the activities which I am about to voluntarily engage bear certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical			
☐ Daily Attendance	\$25 per day		or mental, or damage to myself, to my property, or to spectators or other third- parties. I accept and assume all responsibility and risk for injury, death, illness, or disease, or damage to myself or to my property. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite			
DISCOUNTS (BASED ON EL	IGIBILITY)		of all known and u		elect to purticipate in spite	
DISCOUNT TYPE PRICE			<b>RELEASE</b> : In consideration of the services and/or property provided, I, for myself and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representatives, or assigns, do hereby release arc, its principals, directors, officers, agents, employees, and volunteers from any and all liability and waive any cause of action or complaint for any damage whatsoever			
☐ Reduced Lunch \$100 per month						
☐ Free Lunch	\$10 per month	arising from ar		cause whatsoever (except that which is gross negligence). I further se arc for all attorney's fees and costs should I bring legal action		
PAYMENT INFORMATION			parties before any action is taken, no retuinds will be offered in such cases.			
☐ MC ☐ VISA ☐ AMEX ☐ Check # (Checks payable to "arc")  Card Number Exp. Date  Name on Card CV Code						
				ds are subject to a \$45 processing fee. Th	ere will be NO refunds	
		Zip	given after the 1st week.			
My signature indicates I have read this entire document, understand it completely, and agree to be bound by its terms.			<b>ENTIRE AGREEMENT</b> : I understand that this is the entire Agreement between myself and arc, its agents or employees, and that it cannot be modified or changed in			

any way by the representatives or statements of any employees of arc or by me.