

HOW TO REGISTER

POLICIES

GOLPROGRAMS.COM
(info @ golprograms.com)

REGISTRATION FORM

6 Week Session

COST & PAYMENT

A separate registration form must be completed for each participant. Payment must accompany your registration form. **Keep this top section for your reference.**

- Complete registration form below
- For class information and details, contact:
Matthew Ney at info@golprograms.com
- We reserve the right to cancel programs with low enrollment
- Advance registration is required for session rate. Drop-ins are accepted with payment by check *only*.
- **Returned checks are subject to removal of child from program and a \$25.00 returned check charge**
- Refunds will not be given for programs cancelled or missed by participants. Make-up classes are not given for classes missed by participants (see below).
- In case of rainouts, a maximum of one additional class on regularly scheduled day may be added and one class on any other day may be added.



CIRCLE YOUR PROGRAM

SOCCER DANCE
YOGA TODDLER

Program Cost
\$99 in advance
\$30 drop-in (1 class at a time)

Programs offered
Soccer, Dance, Yoga,
Toddler, Basketball

All programs last
45 minutes

Make checks out to
GOL, LLC
or register online at
www.golprograms.com
Use must use a school code.
Ask your school or email us.

TEAR OFF HERE AND SUBMIT REGISTRATION FORM TO CENTER WITH YOUR PAYMENT

| | | | |
|---------------------------|-----------|------------|-----|
| PARTICIPANT | LAST NAME | FIRST NAME | AGE |
| PARENT OR GUARDIAN | | | |
| EMAIL ADDRESS | HOME | WORK | |
| PHONE | DAY | EVENING | |
| AMOUNT ENCLOSED | CHECK | CASH | |

In consideration of your accepting my child's entry, I hereby waive and release any and all rights and claims for damages I or my child may have against GOL LLC, their representatives, successors and assigns, for any and all injuries, physical and mental, suffered by my child on any activity sponsored by these groups. I do hereby grant and give the right to use my child's photograph or image both single and in conjunction with other persons or objects for the purpose of advertising and publicity only. I hereby also agree to hold GOL LLC and GOL Programs and its representatives, harmless of and from any and all liability of whatever nature which may arise out of or result from uses stated above. For the consideration stated above, I further agree that I will personally indemnify and save harmless GOL LLC and GOL Programs and their successors, representatives and assigns, for any and all loss or damage occasioned hereby.

EMERGENCY CONTACT NAME & PHONE NUMBER

MEDICAL RELEASE: In the event the parent(s) or persons named above cannot be reached during an emergency involving the above named participant, I give my permission to **Facility your child attends & GOL LLC** staff to secure all necessary and required medical treatment.

SIGNATURE

PARENT/GUARDIAN _____

DATE _____