

Choose which week

June 8 – 12

July 20 - 24

Aug. 10 - 14

2009 OKEEHEELEE SUMMER CLINIC REGISTRATION

(PLEASE PRINT CLEARLY)

Please complete a form for each rider. Sign the registration form and turn it in to registration along with payment. Please make checks out to Okeehlee BMX. One form per child per week.

Rider's Name

Address (Street, City & Zip)

Female

Male

Home Phone

Birth Date (mo/day/year)

Age

Email Address

Rookie Novice Expert Cruiser Girls

NBL Membership Number

(Check the rider's proficiency)

Mother's Name

Father's Name

Business Phone Number

Business Phone Number

Cell Phone Number

Cell Phone Number

Emergency Contact Name and Phone Number

Please list any know allergies or medical conditions

FAMILY DISCOUNT AVAILABLE FOR FULL WEEK:

(Please check one)

1ST CHILD.....\$175.00

2ND CHILD.....\$150.00

3RD CHILD.....\$125.00

4TH CHILD.....\$100.00

\$25.00 ½ day from 8:00 am to 12:00 pm for _____ days (circle all that apply M T W TH F)

\$40.00 a day for _____ days (circle all that apply M T W TH F)

\$120.00 for 3 days (circle all that apply M T W TH F)

I am the parent or guardian of _____ (child). My child is fit for the week long clinic and I consent to my Child's participation. I hereby authorize the instructors and/or Board Member(s) to act for me according to their best judgment in any emergency requiring medical attention, and I thereby waive and release the Instructors, Okeehlee Board Members, Palm Beach County Commissioners, SSA & NBL from any and all liability for any injuries or illnesses incurred while at the clinic. I understand that participation in BMX and all other clinic activities involves motion, rotation and height in a unique environment and as such carries with it the risk of injury. The Instructors and Okeehlee Board are not responsible for personal items that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the rider or the rider's family. I have no knowledge of any physical or mental impairment that would be affected by the rider's participation in the clinic. I also understand that Okeehlee Board retains the right to use any photographs, video-tapes, motion picture recordings or any other record of the event for publicity, advertising or any legitimate purpose.

Parent or Guardian (Printed Name)

Date

Parent or Guardian (Signature)

Date