Registration Form

3 WAYS TO REGISTER

ONLINE
www.skyhawks.com

MAIL
Skyhawks
9425 N. Nevada, Suite 210
Spokane, WA 99218
$5 Transaction fee for total order if using credit card
Make checks payable to: Skyhawks

FAX
(509) 651-6322
$5 Service fee per child per program will be assessed for faxed registrations.

For more information please call Skyhawks: (800) 804-3509

Participant Last Name _____

Participant First Name _____ Birth Date____-_____-_____Age____ Gender: M / F

Parent Last Name _____**Parent** First Name _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____-_____ Work Phone (_____) _____-_____

Emergency Contact _____Phone (_____) _____-_____

PLEASE LIST THE PROGRAM(S) YOUR CHILD WILL ATTEND. Photocopy for additional children.

Course #	Sport	Date	Location	Fee	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

___Yes, I would like to add **refund protection** to my programs for **$10 x number of programs** in case I need to cancel this registration for _____ any reason up to two weeks prior to the start of the program.

Skyhawks supports two 501 (c) (3) non-profit organizations. Skyhawks Cares provides scholarships for Skyhawks camps and Brandon's Goal is dedicated to finding a cure for pediatric cancer.
I would like to donate $_____ to Skyhawks Cares $_____ to Brandon's Goal.

Payment:_____Check included, or Charge my: __Visa __M/C __AMEX __DISCOVER Security Code_____

Card Number_____ _____ _____ _____ Exp. Date ____/____

Signature_____ Name on card_____

Parents, please read and sign the Medical Consent and Release of Liability below to complete registration.

I, the undersigned parent/guardian of the participant, understand this activity involves an element of risk and a danger of accidents and injury and knowing those risks I hereby assume those risks. I authorize the program providers as Agents for the undersigned to consent to medical, surgical and/or dental examination, in addition to any and all other treatments deemed necessary by medical personnel. I understand by signing this agreement, I knowingly release and discharge Skyhawks and the hosting organization from any and all liability resulting from any injury associated with the participant's participation in this activity. I agree that pictures taken during program hours may be used for promotional purposes and that I give my permission to Skyhawks the hosting organization to use any images of the participant without compensation. **Skyhawks will not provide health and/or accident insurance for program participants.** By signing below, I attest that I have read and fully understand and agree to the assumption of risk, waiver and release of all claims, and the photo policies set forth herein.

Signature_____Print Name_____ Date_____