



SPIRE

Homeschool PE Registration Form

5201 SPIRE Circle
Geneva, OH 44041
T 440-466-1002
F 440-415-1087
www.spireinstitute.org

Please complete the registration form in its entirety. Failure to do so may result in a delay in your registration. A deposit or payment in full is required to complete the registration. All items marked with an asterisk (*) are mandatory.

PARTICIPANT INFORMATION: HOMESCHOOL PHYSICAL EDUCATION PROGRAMS

Programs are 4 week sessions held on Tuesdays from 10:00 A.M.-12:00 P.M. for ages 5-18.

Program Cost: \$52 per 4 week session for the first child and \$20 per 4 week session for each additional child in the same family.

Name*: _____ **Circle One:** Male Female Date of Birth*: ____/____/____ Age ____

Name*: _____ **Circle One:** Male Female Date of Birth*: ____/____/____ Age ____

Name*: _____ **Circle One:** Male Female Date of Birth*: ____/____/____ Age ____

Name*: _____ **Circle One:** Male Female Date of Birth*: ____/____/____ Age ____

Name*: _____ **Circle One:** Male Female Date of Birth*: ____/____/____ Age ____

PARENT or GUARDIAN INFORMATION: Please provide a valid and clearly written email to ensure you receive communications.

Name: _____ Relationship to Participant: _____

Address*: _____
Street City State Zip

Primary Phone*: ____-____-____ Secondary Phone*: ____-____-____ E-mail*: _____@_____

ADDITIONAL EMERGENCY CONTACT

Name: _____ Primary Phone*: ____-____-____ Relationship to participant: _____

PARENT OR GUARDIAN

I acknowledge that the child/children listed above are in good health and can participate in all activities without restriction.

Please Print Signature Date

In the event of any illness or injury to my child/children, I give the attending physician permission to administer any medical care necessary.

Please Print Signature Date

REGISTERING FOR: (Check One)

- Session One (Sept 27th, Oct 4th, Oct 11th, & 18th)
- Session Two (Oct 25th, Nov 1st, 8th & 15th)
- Session Three (Nov 29th, Dec 6th, 13th, 20th)
- Session Four (Jan 10th, 17th, 24rd, 31st)
- Session Five (Feb 7th, 14th, 21st, 28th)
- Session Six (Mar 7th, 14th, 21st, 28th)
- Session Seven (Apr 4th, 18th, 25th May 2nd)

PAYMENT OPTIONS

Please enclose a full non-refundable payment or deposit with this application. Make checks payable to SPIRE Institute. A fifty dollar (\$50) fee will be charged for any check returned for insufficient funds.

Amount Enclosed: \$ _____ Check One: Cash Money Order Credit Card Check # _____

Signatures required on back



WAIVER AND RELEASE

Please read the following sections carefully and then sign. If the registrant is a minor (under 18), a parent or guardian must sign.

ATHLETE CODE OF CONDUCT

I hereby agree to abide by the rules of conduct as set forth by SPIRE Institute and its staff. I agree to abstain from the use of alcoholic beverages, use of drugs and smoking of any kind, I further agree to abide by curfew regulations as established by the staff and not to absent myself from my group at any time. I fully understand my failure to abide by these and other regulations could result in my being expelled from the program and sent home. I agree I will not be entitled to any monetary refund for those days following my expulsion.

Signature of registrant, or of parent/legal guardian if registrant under 18

Date

WAIVER OF LIABILITY INDEMNITY AGREEMENT AND ASSUMPTION OF RISK

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, and services of the SPIRE Institute. (hereafter referred to as SPIRE) I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge and covenant not to sue SPIRE, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from negligence of SPIRE or any of the aforementioned parties, This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in SPIRE activities including, but not limited to, organized activities, classes, observation, and individual use of the facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to HOLD HARMLESS AND INDEMNIFY SPIRE from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of my involvement at SPIRE. I further agree to pay all costs and attorney's fees incurred by SPIRE in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that SPIRE is not responsible for injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad an inclusive as is permitted, by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Ashtabula County, Ohio.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Ohio.

Signature of registrant, or of parent/legal guardian if registrant under 18

Date

ASSUMPTION OF RISKS

Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. SPIRE has facilities for and provides for activities such as weight lifting, walking, jogging and running, aerobic activities, basketball, volleyball, soccer and football. Some of these involve strenuous of strength using various muscle groups, some involve quick movements involving speed and change of direction and other involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, bruises and sprains to 2) major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities at SPIRE. I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries, which may occur as a result of activities made possible by SPIRE. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgement of Understanding; I have read this assumption of risk and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify complete assumption of all risks, both known and unknown, of participation in or observing recreational activities at SPIRE, to the greatest extent allowed by law in the State of Ohio.

Signature of registrant, or of parent/legal guardian if registrant under 18

Date

PLAYER PHOTOGRAPHY CONSENT

Participant and Parent/Guardian consent to all recording, photographing and filming of Participant and all agree that SPIRE can use these recordings and images for all purposes of marketing or promoting SPIRE without payment to, or additional consent of Participant or Parent/Guardian.

Signature of registrant, or of parent/legal guardian if registrant under 18

Date

This form must be completed by a parent or legal guardian and returned prior to program deadline. Failure to return the form will preclude any minors from participating in any activities at SPIRE Institute.