



**SPIRE™**

**INDIVIDUAL REGISTRATION FORM**

5201 SPIRE Circle  
Geneva, Ohio 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**

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth\*: \_\_\_\_\_ Grade\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Primary Phone\*: \_\_\_\_\_ Secondary Phone\*: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

**REGISTERING FOR: Program\*** \_\_\_\_\_

**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

