

# Blast Ball Registration

## Details:

- Where – Ageless in Gillespie
- Who – Boys and Girls 3-5 years of age
- When: February 29th – March 21st, Saturdays 10am-2pm
- Cost: \$20 for 4 weeks (30 minute games/practices)
- Instructors: Terry Allan and Amber Allan

## Forms are due by Wednesday, February 26<sup>th</sup>.

If you ever have any questions, please call Ageless at 217-839-2484 or e-mail [BeTheChange@ageless-fitness.com](mailto:BeTheChange@ageless-fitness.com). We are here to help!

Please return the form below to Ageless in Gillespie or mail it to: Ageless, 103 North Jersey Street, Gillespie, IL 62033.

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### Blast Ball

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Liability Waiver

As the parent or legal guardian of \_\_\_\_\_ (print name of child), I hereby give permission for my child to participate in activities at Ageless, LLC. I understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child.

I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in any activities at Ageless LLC, including but not limited to the LI' Muscles Exercise Program, whether or not resulting from negligence, and I agree not to sue Ageless, LLC, its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of Ageless, LLC to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Print name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_