



Feldman Performance Registration Form

Mail in:

Feldman Performance
1107 North Elm Street
West Liberty, IA 52776

Make checks payable to: Feldman Performance

Please fill out all that applies below with all registrations:

Participant's Name: _____

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____

Birthdate: ____/____/____ Age: _____ Grade: _____ School: _____

Emergency Contact: _____ Emergency Phone: _____

Email: _____ Shirt Size: _____

Participant's Health Issues or allergies: _____

Class Name: _____ Fee: _____

Class Name: _____ Fee: _____

Parental Waiver and Consent Agreement

I understand that Feldman Performance, its programs, and its coaches are in no way responsible for any injury that may be incurred by the participant while participating in this program. I have registered for and agree to hold the above harmless for injury and damages in return for such participation.

I have read the foregoing information and understand it. Any questions that may have occurred to me have been answered to my satisfaction.

Participant/Guardian Signature: _____ Date: ____/____/____

Please Print Name: _____