



Sports Academy Registration

Athlete's Name: _____ M / F
First *Last*

Email _____ Cell: _____

Address: _____

Age _____ Favorite Sport(s) _____

Franco's Membership Acct # _____ or _____ N/A I am not a member

Program Selection and Payment

Classes are offered M/T/W/TH at 10 a.m. Wednesdays are stretch/recovery/yoga core strength.

_____ 2 days a week- \$125/month (Non-Members \$175/month)

_____ 4 days a week- \$150/month (Non-Members \$200/month)

_____ Charge my member account _____ Check _____ Credit Card _____ Cash

For Office Use:	Payment Method	Account Holders Int'l's _____
_____ Check (Make checks payable to Franco's Athletic Club)	_____ Credit Card Please Circle: Visa MC AMEX Disc	
_____ Membership Charge Account # _____	C.C. Number _____ Exp. _____	

Club Waiver Release

All signed participants desire to voluntarily utilize the services and, if applicable, facilities and equipment provided by Franco's Athletic Club. As a consideration for the right and privilege of being permitted access to Franco's Athletic Club, and if applicable, facilities and equipment, the undersigned does hereby release Franco's Athletic Club, and employees from any and all liabilities of any kind whatsoever arising out of any physical or mental injury or damage incurred or sustained by the undersigned, minor child, of the undersigned, or the undersigned property, while voluntarily preparing to use, using or cleaning up after using, any of the services and applicable facilities and equipment provided by Franco's Athletic Club; and furthermore, agrees to save and hold harmless Franco's Athletic Club, its owners, agents, and employees, for any damages or injuries arising out of the undersigned's, or the undersigned's minor child, use of the facilities, equipment and/or services. Furthermore the undersigned acknowledges that he or she has obtained independent medical approval to use the services, facilities and equipment provided by Franco's Athletic Club for themselves, or for their minor child, and that he or she has made Franco's Athletic Club aware of any limitations suggested by his/her physicians. The undersigned acknowledges and affirms that he or she has carefully read this release and has asked and obtained a satisfactory explanation of any part that he or she does not understand. The undersigned acknowledges that photos may be taken for publicity/marketing purposes and gives his/her authorization for any photos of his/herself, or of their minor child, to be used in this fashion.

Signature _____ Date: _____

[Type here]

www.francosmandeville.com

985-792-0206

100 Bon Temps Roule, Mandeville, LA