



HappyFeet

HappyFeet Registration Form

Return payment plus this form to the HappyFeet tuition box at your school.

School New Horizons Registration Date _____
 Child's Name _____ Age _____
 Billing Address _____ City _____ State _____ Zip _____
 Parent/Guardian Name _____ Phone _____
 E-Mail _____ (please print— very important for billing and newsletters!)

Monthly Tuition: \$35

HappyFeet ball \$15.00 _____ (optional)
 HappyFeet t-shirt \$10.00 _____ (youth small—optional)
 Total \$ _____

Make checks payable to HFLI. Tuition is due by the 1st of each month.
 Payments will be considered past due if not submitted by the 15th of the month.

Credit cards will run automatically on the 1st of each month. Visa / MasterCard / Discover accepted

Card Number _____ Expiration Date: ___ / ___
 Name as it Appears on Card (please print): _____

*****To withdraw your child from classes, you must notify the HappyFeet Billing Department at billing@happysoccerfeet.com or leave a message at 727-534-6481. Billing will continue to accrue if notification is not received. Withdrawals must be made by the 1st of the month.*****

Waiver/Indemnification: Parent or legal guardian must sign below before player is accepted to participate in the HappyFeet program: As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in HappyFeet. I understand there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in HappyFeet. I further agree to indemnify and hold harmless HappyFeet, Inc., its agents, servants, employees and/or representatives from any and all liability, damage, cost or expense arising out of my child's participation, of every kind and nature, in HappyFeet events. In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified HappyFeet, Inc. staff member, EMT, physician/staff of a hospital, or any other qualified individual to provide any medical treatment deemed necessary for my child. **Photo Waiver:** The parent/guardian signature on this form also permits HFLI to use still photography and/or video originating from our programs for promotional purposes to include, but not limited to, print, website and various forms of visual print media.

Signature of parent or legal guardian: _____

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www.tampabayhappyfeet.com