

# Participant Registration

Complete and return along with all forms and payment.

- ☐ Complete Registration Form  
☐ Complete and Sign Electronic Waiver  
☐ Complete and Sign Financial Agreement Form

All accounts must have a card on file for automatic payment.

\*Payments may be made by cash or check in place of the automatic payment if made by the 20<sup>th</sup>.



Family Last Name	Billing Address	City, State, Zip	
Athlete #1 (First, MI)	DOB	Sex	
Athlete #2 (First, MI)	DOB	Sex	
Athlete #3 (First, MI)	DOB	Sex	
Parent #1 or Legal Guardian	Home Phone	Cell Phone	Email
Parent #2 or Legal Guardian	Home Phone	Cell Phone	Email
How did you hear about us?		Referral Name?	

\*For class students-monthly enrollment is assumed unless written notice is given by the 15th to withdraw at the end of the month

## For Office use only:

Start Date	Auto Pay- Financial Agreement	Waiver	Computer	Attendance	Birth Cert.	USASF Registration	Handbook
Class 1 Name	Day	Time	Cost	Class 2 Name	Day	Time	Cost

I understand that I am enrolling my child in the classes above. I further understand that the Fury Athletics logo and name are property of Fury Athletics of Madison, LLC and cannot be used or reproduced without permission.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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