



**Millhopper Facility**  
4010 NW 27th Lane • Gainesville, FL 32606  
Phone (352) 378-8711 • Fax (352) 377-5020

**West Gainesville at Steeplechase**  
333 SW 140th Terrace • Jonesville, FL 32669  
Phone (352) 331-8773 • Fax (352) 332-9810

## Sun Country Registration Agreement & Waiver

### ☒ WELCOME TO SUN COUNTRY SPORTS CENTER

Please fill out all information below and read and sign the participation waiver on the back to begin registration. All fees are due at time of registration. Membership/Registration Fees are non-refundable.

#### Participant's Name:

1. _____	M / F	D.O.B.: ____/____/____	Age: _____
2. _____	M / F	D.O.B.: ____/____/____	Age: _____
3. _____	M / F	D.O.B.: ____/____/____	Age: _____
4. _____	M / F	D.O.B.: ____/____/____	Age: _____

Home Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
 Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 Family Email Address: \_\_\_\_\_

For each Participant listed, please outline any medical conditions/allergies or any restriction that may interfere with their activity:  
 (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (3) \_\_\_\_\_ (4) \_\_\_\_\_

How did you hear about Sun Country Sports Center? \_\_\_\_\_  
 Were you referred to Sun Country by someone? If so, please supply name: \_\_\_\_\_  
 If a group or individual photo of any listed participant is taken on our premises, can we freely use it for marketing purposes?  Yes  No  
 Do you want to join our online newsletter to receive updates and special promotions via email?  Yes  No

#### Please fill out if a participant is a minor (under 18 years old):

Mother's Name: _____	Employer: _____
Work Phone: ( ____ ) _____	Cell Phone: ( ____ ) _____
Father's Name: _____	Employer: _____
Work Phone: ( ____ ) _____	Cell Phone: ( ____ ) _____
Emergency Contact: _____	Relationship: _____
Work Phone: ( ____ ) _____	Cell Phone: ( ____ ) _____

**☐ "AUTO BILL" Credit Card Charge Authorization Agreement:**  
 By checking this box, I authorize Sun Country to charge my assigned account for all services and products related to my enrollment or my families enrollment in classes and activities at Sun Country Sports Center. I understand that my account will continue to be charged on a monthly, session, or periodic basis until I notify Sun Country Sports Center otherwise. If my account should be denied, my tuition and/or additional charges will be due by cash or check, upon notice.

Account Holder's Signature: \_\_\_\_\_

CREDIT CARD:  Visa  MC  AE  Discover | #: \_\_\_\_\_ | Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

ELECTRONIC FUNDS TRANSFER 'EFT' (please attach a voided check with this form):  
 Name on Bank Acct: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
 Bank Acct #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_  Checking  Savings

