



Membership Form

**BASH Sports Academy**  
 2617 W. Fletcher • Chicago, Illinois 60618  
 773-588-BASH • www.bashsportsacademy.com

All-Star Membership	Individual \$525 _____	Each add'l family member \$175 (print number) _____	
Pro Membership	Individual \$360 _____	Each add'l family member \$130 (print number) _____	
Membership Number:	_____		Expires: _____

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Name	Age	Birthday	School	Skill Level		
				Beginner	Intermediate	Advanced

**Waiver and Release**

In consideration of participating in the activities at BASH Sports Academy, I, the participant's parent and/or legal guardian, represent that I understand the nature of this Activity and believe the participant to be qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue the participant's participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the participant's own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept all such risks and all responsibility for losses, cost and damages I incur as a result of the participant's participation in the Activity.

I hereby release, discharge and covenant not to sue BASH Sports Academy, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, the participant, or anyone on my or the participant's behalf makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian	Date
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**Terms & Conditions**

1. 24 hours notice is required when canceling a lesson or cage time or you will be charged for the activity.
2. Cage time scheduling and reservations are on a first come, first serve basis and are subject to availability.
3. Memberships are per individual. Members may bring guests to share cage time at a fee of \$10 per guest per half hour time slot.
4. Prices are subject to change at any time and without notice.
5. Payment is due prior to the start of lessons, clinics, etc.
6. Theft of product or training items will not be tolerated. Anyone caught stealing will automatically lose their privilege to use the facility. Participant(s) will be billed for the value of items stolen.
7. Good sportsmanship is expected at all times.

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Payment Type    Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card:    Visa                      MC                      Discover

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code (3 digit code on back of card) \_\_\_\_\_

Total \_\_\_\_\_

Card Holder Signature \_\_\_\_\_