



Jackson Sports Academy
2525 E. 29th Ave., Ste. 213
Spokane, WA 99223
(509) 217-3839
www.JacksonSportsAcademy.com

Affordable Sports Classes For Youth Ages 6-14!

September 1st 2009 - June 15th 2010

Monday/Wednesday: Non-Contact Boxing Classes
Session One: 5:00-6:30 PM, Session Two: 6:45-8:15 PM

Tuesdays/Thursday: Basketball Classes
Session One: 5:00-6:30 PM, Session Two: 7:00-8:30 PM

Location: **STROH'S Fitness & Racquet Club**
9233 E. Montgomery
Spokane Valley, WA 99206

Ages: 6 to 14 years.

Sports: Basketball & Boxing.

Cost: \$75.00 per month. * This includes 8 total sessions, 2 per week.

What:

- *Developing fundamental skills in a fun and exciting way!
- *Focus on developing skills necessary for successful team play.
- *Game situation drills.
- *Focus on overall conditioning.
- *Footwork drills and hand-eye coordination drills.

Mission: At Jackson Sports Academy, we aim to impact every young athlete's life in both a positive and nurturing way. By providing positive role models, leadership skills, and consistent encouragement "to always try your best", every child will learn valuable skills not just to excel in sports, but in life. Our goal is to be affordable and accessible so that every child can attend, especially those from disadvantaged circumstances. We strive to instill a life-long love for physical activity and to provide a safe environment for all who participate.

Space is Limited. Places are assigned on a first come, first served basis. In order to guarantee placement, please register ASAP!

REGISTRATION FORM

Please select a sport and session:

Boxing (M/W): () Session One: 5-6:30 PM () Session Two: 6:45-8:15 PM

Basketball (T/TH): () Session One: 5-6:30 PM () Session Two: 7-8:30 PM

Name of Child: _____

Date of Birth: ____/____/____ Gender: Male____ Female____

Address: _____
Street

City State Zip

Home/Cell Phone: _____

School/School District: _____ Age: _____

Grade Level: _____

Name of Parent/Guardian (Print): _____

Child Lives With: () Mother () Father () Both () Other: _____

Ethnicity: () Caucasian () Hispanic () African American () Other

Does Child Receive Free/Reduced Lunch? _____

Email Address of Parent/Guardian (optional): _____

List Any Known Medical Conditions, Disabilities or Allergies:

Household Information:

of Residents In Household: _____ Is the Primary Guardian a Single Parent? _____

Annual Household Income: () \$0 - \$9,999 () \$10,000 - \$19,999
() \$20,000 - \$29,999 () \$30,000 - \$49,999
() \$50,000 +

Emergency Contact Information:

Full Name (Print): _____

Relationship to Child: _____

Work Phone: _____ Cell Phone: _____

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical, and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Jackson Sports Academy, Stroh's, QRI Holdings LLC, its coaches, volunteers, officers, directors and sponsors from any and all liability resulting in any injury, loss of life, or other loss or damage as a result of participation in any activity of JSA. I agree that pictures taken during program hours may be used for future promotional purposes. In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. As the undersigned parent/guardian I understand that no refunds will be given and no confirmations will be sent except for email confirmations if an email address is provided above.

Signature of Parent/Guardian: _____

Date: _____

For Office Use:

Total Due: _____
CK# _____

Paid: _____
Scholarship: _____

Staff Signature:

OCT _____ CK# _____

FEB _____ CK# _____

NOV _____ CK# _____

MAR _____ CK# _____

DEC _____ CK# _____

APR _____ CK# _____

JAN _____ CK# _____

MAY _____ CK# _____