

PIERMONT ATHLETIC CLUB



CREATE A CLASS

*Have an idea
for a class?*

*Sign Up
Now &
SAVE!!!*



*Bring 5 of your
friends and we
will help you
design it!*

**Call Chad Mekles
For More Information
(201) 927-3027**

**CMEK
★ ALL STARS ★**

Enrollment Form

Day: _____ Time: _____ Class: _____

Name: _____

School: _____ Gender: ____ Age: _____ Grade: _____

Mailing address: _____

Home Phone: (_____) _____ - _____ Email: _____

Allergies: _____

Parent / Guardian # 1: _____

Relationship: _____ Email: _____

Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Parent / Guardian # 2: _____

Relationship: _____ Email: _____

Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

I am registering my child in athletic activities run by the Piermont Athletic Club, LLC. I hereby agree that my child is participating at his/her own risk and that I am responsible for any injury that may occur. I am also responsible for any damage or injury that my child may cause at any PAC activity. I also agree that you may utilize photographs and information relating to my child's participation in PAC activities on your web site and other PAC publicity and literature. This also includes any testimonials that my child or I may provide.

Signature: _____ Date: _____