



# Youth Registration for Club Palooza

Please Fax to CUSTOMER SERVICE

803-831-0805

**YES! Please register the following youth(s) for CLUB PALOOZA!**

I understand that Club Palooza is **NOT** a babysitting service. I understand that Larry Goins, The Goins Group LLC, Financial Help Services, Investors Rehab Inc., the Club Palooza Instructor/Staff, the venue nor any employees, affiliates or other subsidiaries thereof are to held responsible for my child/youth in any way, shape or form. Furthermore, I understand that if my child/youth becomes disruptive, I will be asked to remove my child/youth from the club and that they will not be permitted to return. I also understand that should a situation arise and my child/youth is asked to be removed from Club Palooza resulting in my own inability to attend Investor Palooza, I will **NOT** be entitled to any type of registration refund of any kind, if applicable. I understand that it is **imperative** that each member of the club is mature, respectful of others and understands the importance of maintaining a beneficial learning environment.

**\*\*\* Only 2 children/youth admitted FREE Per Registered Adult\*\*\***

**\*\*\* CHECK IN/CHECK OUT REQUIRED AT EVENT FOR YOUTH UNDER THE AGE OF 18 \*\*\***

Name of Parent/Legal Guardian \_\_\_\_\_

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

## REGISTRATION INFORMATION

**\*\* Please submit separate registration form PER YOUTH \*\***

Name of Youth: \_\_\_\_\_ Age as of Event Date: \_\_\_\_\_

Does youth have any Medical Conditions that we need to be aware of? **YES** **NO**

If so, what are they? \_\_\_\_\_

### Emergency Contact Information:

Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_

Is this person attending Investor Palooza? **YES** **NO**

Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_

Is this person attending Investor Palooza? **YES** **NO**

Anything else we need to be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Information on Accompanying Investor Palooza Registered Adult

Name of registered adult: \_\_\_\_\_

(Investor Palooza - Only 2 youth accepted per registered adult):

Relationship to Youth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Email Used to Register for Investor Palooza: \_\_\_\_\_

Other/Alternate Email Address: \_\_\_\_\_