





6560 Spencer Street A2  
Las Vegas, NV 89119  
Phone: (702) 791-0055  
Fax: (702) 791-0054

## Code of Conduct

As a coach of (team name) \_\_\_\_\_, I understand that I, my athletes and spectators must follow these rules to stay in good standing:

1. The sound level must be kept to a minimum.
2. Spectators must remain in the designated parent viewing area and are not allowed in the gym area except to use the restroom. Spectators must not distract the coaches or athletes during practice.
3. Parents must monitor siblings and siblings must sit with a parent at all times. No siblings are allowed on the floor unless they are participating in the gym rental practice.
4. The gym must be kept tidy. Users are responsible for picking up trash and belongings, leaving the gym as tidy as they found it.
5. Absolutely no food, chewing gum, or drinks (excluding water) allowed in the gym. These items must be kept in the designated team areas.
6. Any team whose athletes, staff or parents are disrespectful to other renters, LVE Staff or LVE students will be asked to leave immediately and will not be refunded.

By signing this Code of Conduct, I agree to abide by the above rules.

Printed Name: \_\_\_\_\_

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

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



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## Liability Waiver

Date \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Program Name: (if with floor rental group): \_\_\_\_\_

Address/City/St: \_\_\_\_\_

Home Ph.:(\_\_\_\_)\_\_\_\_\_ Work Ph.:(\_\_\_\_)\_\_\_\_\_ Other Ph:(\_\_\_\_)\_\_\_\_\_

Contact Email: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Allergies/Physical/Mental limitations: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_

Private Lesson  Trial Class  Floor Rental  Independent workout (18 or over)

### ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM

I, the undersigned Parent/Guardian, do hereby give consent for my son/daughter to participate in the training and activities provided by the Las Vegas Elements Training Center, LLC. (LVE). I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. I do hereby grant my permission to LVE to seek immediate treatment for my child should he/she be injured. I hereby release LVE including its officers, shareholders, agents, coaches and employees from any liability to the above named participant, or any person claiming through him/her, arising from injury to the person or property of the above-named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under Nevada state law. In the event of any activities that are locally or nationally televised, I give the LVE organization the right and permission to film, photograph, or videotape my son/daughter for any reproductions associated or in any way connected with said televised events, in particular, for use in any promotional purpose.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## Credit Card Authorization Form

### Credit Card Information

*Please check one (LVE does not accept American Express)*

VISA    MASTER CARD    DISCOVER

Name as it appears on Credit Card:

\_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Credit Card Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_   City: \_\_\_\_\_   State: \_\_\_\_   Zip: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) \_\_\_\_\_

SIGNATURE OF CARD HOLDER

DATE

CONTACT NUMBER

Please write each digit of the Credit Card Number in the 16 blocks provided below:

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I, \_\_\_\_\_ authorize Las Vegas Elements Training Center, LLC to charge the above card for the following transaction(s):

Please check one or both:

- Deposit in the amount of \$ \_\_\_\_\_ upon receipt of rental agreement
- Remaining balance in the amount of \$ \_\_\_\_\_ on day of rental.

Please note you may pay the remaining balance in cash, cashier's check, money order or card ONLY no personal or program checks will be accepted

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

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