



Special Event Registration Form

Student's Name _____ DOB _____

Billing Address _____ City _____

Zip Code _____ Phone _____ School _____

Mother _____ Work _____ Cell _____

Father _____ Work _____ Cell _____

Emergency Contact _____ Phone _____

Medical Release and Policy Acknowledgment

I, the parent or legal guardian of the above named student hereafter referred to as 'student', do hereby permit the 'student' to participate in gymnastics, tumbling, cheerleading or any other physical activities while a student at Spirit Xtreme, Inc. By granting permission for 'student' to participate in programs at Spirit Xtreme, I assume full responsibility for 'students' personal safety and release Spirit Xtreme Inc., its supervisors and employees from any and all liabilities that may arise due to any injury including death to 'student' by reasons of 'student's' participation in any activity at Spirit Xtreme or in which Spirit Xtreme is participating elsewhere.

I have read, understand and execute this release and acknowledgment:

Signature: _____ Date: _____