

IDAHO FALLS ELITE ALLSTARS REGISTRATION

Participants Name _____ Grade in School _____

Home Address _____ City /Zip _____

Home Phone _____ Date of Birth _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Email Address _____

If parent cannot be reached, please contact _____ Phone _____

Heath Insurance Company _____ Policy Number _____

Family Doctor _____ Doctor's Phone _____

Have you had any serious illness, surgery or injury? _____ If yes please describe _____

Do you have medical problems or allergies that may interfere with your classes? _____

If so please describe the problem or limitations _____

Do you have medication for this with you? _____ If yes, please describe _____

Medical Treatment Authorization and Liability Release

Emergency Procedures: For minor injuries, Idaho Falls Elite Allstars policy is to call the parent/guardian listed above, and follow their directions. In the rare case of more serious injury, Idaho Falls Elite Allstars policy is to first call 911, and then the parent/guardian listed above.

Emergency Treatment Pre-authorization: I authorize Idaho Falls Elite Allstars and its representatives to consent to medical treatment for my child. I also give Idaho Falls Elite Allstars permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to Idaho Falls Elite Allstars instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization.

Minor Injuries/Medication: Idaho Falls Elite Allstars will provide bandages for minor scrapes and cuts.

Safety Procedures/Liability Release: Idaho Falls Elite Allstars strives to provide maximum in safety procedures, guidelines, and enforcements, and therefore assumes no responsibility for any accidents or injuries that may occur. I am fully aware that any activity involving motion, height, athletic activity, and/or gymnastic equipment (ie Tumble Trak, etc.) creates the possibility of serious injury, and I further agree to hold Idaho Falls Elite Allstars and officers harmless for any injury or resulting expenses. I release and discharge all rights and claims against Idaho Falls Elite Allstars and its parties.

I (parent/guardian) agree to be responsible for all financial commitment. Unpaid balances 60 days past due will be sent for collection and I will be responsible for attorney and collection fees.

Parent/Guardian Signature _____ Date _____