

# XTREME ACRO & CHEER 2019-2020 REGISTRATION FORM

Participants LAST Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Participants DOB: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent /Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/ Guardian 2 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Class Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Day: \_\_\_\_\_

Please list any medical limitations that the staff should be aware of:

\_\_\_\_\_

Please list an emergency contact in case a parent cannot be reached:

\_\_\_\_\_

### CONSENT AND RELEASE AGREEMENT:

I understand that these sports are inherently dangerous. I accept that any activity involving motion or height can cause serious, permanent or fatal injury. I assume all risks and hazards incidental to such participation; and I do hereby waive, release, absolve, indemnify and hold harmless Xtreme Acro and Cheer and its employees from any claim arising out of injury to the applicant whether the result is of negligence or for any other cause. I will support and abide by the gym rules and policies posted in the gym. I have had a medical examination within the last twelve months and am physically, mentally and emotionally capable of participating in these sports. I understand that I am expected to carry my own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while I am at Xtreme Acro and Cheer. I understand that I am responsible for the direct supervision of myself and for those for which I have signed for. If necessary, I authorize Xtreme Acro and Cheer to administer first aid and/or authorize medical treatment. I also understand that all classes are non-refundable.

Parent/Guardian or Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# XTREME ACRO & CHEER 2019-2020 REGISTRATION FORM

Participants LAST Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Participants DOB: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent /Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/ Guardian 2 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Class Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Day: \_\_\_\_\_

Please list any medical limitations that the staff should be aware of:

\_\_\_\_\_

Please list an emergency contact in case a parent cannot be reached:

\_\_\_\_\_

### CONSENT AND RELEASE AGREEMENT:

I understand that these sports are inherently dangerous. I accept that any activity involving motion or height can cause serious, permanent or fatal injury. I assume all risks and hazards incidental to such participation; and I do hereby waive, release, absolve, indemnify and hold harmless Xtreme Acro and Cheer and its employees from any claim arising out of injury to the applicant whether the result is of negligence or for any other cause. I will support and abide by the gym rules and policies posted in the gym. I have had a medical examination within the last twelve months and am physically, mentally and emotionally capable of participating in these sports. I understand that I am expected to carry my own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while I am at Xtreme Acro and Cheer. I understand that I am responsible for the direct supervision of myself and for those for which I have signed for. If necessary, I authorize Xtreme Acro and Cheer to administer first aid and/or authorize medical treatment. I also understand that all classes are non-refundable.

Parent/Guardian or Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_