

# POWERHOUSE CHEER & FITNESS REGISTRATION FORM

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Other sibling enrolled? Name?: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student email: \_\_\_\_\_ Parent email: \_\_\_\_\_

Student Cell #: \_\_\_\_\_ School: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please use the space below to list any allergies or medical conditions: \_\_\_\_\_

### 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 Powerhouse Cheer & Fitness, hereafter referred to as "PCF". By granting permission for "student" to participate in programs at "PCF", I assume full responsibility for "student's" personal safety and release "PCF", its supervisors and employees from any and all liabilities that may arise due to any injury including death to "student" by reason of "student's" participation in any activity at "PCF" or in which "PCF" is participating elsewhere. I understand there is personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability or death.

In case of emergency, I authorize "PCF" staff to administer first aid to my child and/or take my child to a physician or hospital for further treatment.

I authorize "PCF" to use photographs, video, and/or other likenesses of my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.

I understand all monthly tuitions at "PCF" are due the 1st day of each month. I understand it is my responsibility to make sure "PCF" receives my full monthly payment on or before the 5th day of the month whether or not I receive a statement from "PCF" or I will automatically be charged a \$10.00 late fee. I understand any payment for my account to "PCF" returned unpaid for any reason will incur a \$35.00 bank fee plus the \$10.00 late fee. I understand "PCF" does not refund tuition for ANY REASON.

I understand that if I choose to stop attending classes at "PCF" I will give a 30-day notice to drop/quit any classes. I understand that failure to do so will result in my child being dropped from the class(es) and I will be responsible for the tuition of the month that notice was not given along with a late fee of \$10.00 for non-payment. Initial Here-

I understand that enrolled students are only allowed in the gym area. Family, friends and siblings are not permitted in the gym area or on the equipment during class times. This is for everyone's safety. "PCF" has provided an excellent viewing area to observe from. "PCF" will not be held liable for students not enrolled at "PCF" that are injured during class times. "PCF" provides OPEN GYM time on Friday evenings for anyone not enrolled in classes.

I have read and understand the above and agree to abide by these policies.  
I have read, understand and execute this release form and policy acknowledgment.

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

CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_  
CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_  
CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

Registration Fee	\$ _____
Monthly Tuition	\$ _____
Pro-rated Fee	\$ _____
<b>Total</b>	<b>\$ _____</b>