



TRAINING IN CHEER, HIP HOP AND TUMBLING

SCHEDULE

Open Gyms

\$5.00 for ASA Full Season Athletes

\$7.00 for ASA Mid Season Athletes

\$10.00 for Walk-Ins

Check our website updates on Open Gym this month!

Privates: Scheduled Upon Request

Classes: Schedules changes every 6 weeks. Please check our website for an updated schedule.

INSTRUCTORS

Instructors: Tiffany Chambers, Nina Derksen, Anida Kocveic, Abby Allen, Misa Yoshida, Amanda Whitaker, Erin Connors, Eddie Standifer, Kate Sisto, Chelsea Johnson, Sheri Jean.

- A specific instructor may be requested for any private lesson

FEES

Stunt Private: \$20.00/1 hr per student (4-5 students per 1 instructor)

Classes: \$20/45 mins per student (6 to 1 ratio)

Buddy Private: \$30/45 mins per student (2 to 1 ratio)

Privates: \$40/45mins (1 to 1 ratio)

CANCELLATIONS Must receive at least 24 hr notice to cancel any class or private without charge. Failure to cancel within the allotted time will result in full charge for your previously scheduled session. If you have prepaid for your session and give 24 hour notice of your cancellation, a credit can be assessed toward your next session.

REGISTRATION

There will be a onetime registration fee of \$30.00 collected on your first class.

LOCATION

Almaden Spirit Athletics (6065 Meridian Ave. Suite 10 San Jose, CA 95120)

CONTACT

Please email us at AlmadenSpiritAthletics@gmail.com or call (408) 772-0959 to reserve a spot. Space is limited!

AlmadenSpiritAthletics.com

Almaden Spirit Athletics

WAIVER, RELEASE, and INDENTITY

Name of Student: _____.

Group : Almaden Spirit Athletics _____.

Date/ Time of departure: N/A _____ Date/Time of return: N/A _____.

Itinerary/Destination/Nature of activity: ASA Tumbling, Cheer and Dance Classes _____.

I understand that there are risks and dangers inherent in participating in this field trip and/or indoor/outdoor activities. I also understand that in order to be allowed to participate in this activity, I must give up my rights to hold Almaden Spirit Athletics, its trustees, employees, and volunteers liable for any injury or damage which I may suffer while participating in this activity. Knowing this and in consideration of being permitted to participate in this activity, I hereby voluntarily release Almaden Spirit Athletics, its Trustees, employees, and volunteers from any and all liability resulting from or arising out of my participation in this activity.

I understand and agree that this agreement will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or attempts of action that I may have or had, whether past, resent, or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in this activity. This release constitutes a complete release and discharge of any and all actions or causes of action against Almaden Spirit Athletics, its Trustees, employees, and volunteers.

I understand and agree that this agreement applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others. I understand and agree that by signing this Agreement, I am assuming full responsibility and all risk of death or personal injury or property damage which I may suffer while participating in this activity. I understand and agree that by signing this Agreement, I am agreeing to release, indemnify, and hold Almaden Spirit Athletics and Trustees, employees, and volunteers harmless from any and all liability or costs, including attorney's fees, associated with or arising from my participation in this activity.

I hereby release Almaden Spirit Athletics, its officers, agents or employees, to arrange for my medical treatment, if necessary, at my expense of the event I am unable I am unable to give instructions for medical care, full authorization is given is given to any licensed physician and/or surgeon whom I am taken, to treat, administrator drugs and medication, and perform surgical treatment, as he or she shall think the extreme emergency requires, for the relief of pain and/or preservation of life and/or health and well-being. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required; instead it is given to provide the power to Almaden Spirit Athletics to be in a position to make necessary arrangements for attempting to take reasonable care under emergency circumstances. Any costs incurred in this connection not covered by my insurance shall be paid by me.

I understand and agree that this Agreement will be binding on me, my parents and siblings, spouse, my heirs, my personal representative, my children, and any guardian *ad litem* for said children. I understand and agree that if I am signing this Agreement of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Agreement and that I understand the words and language in it. I have been advised of the potential dangers included in participating in this activity.

Statement of Health: Participation, or their parent/guardian, represents that she/he is in good physical condition to engage in this activity.

Each participant is herby advised to consult a physician prior to enrolling in a strenuous physical activity.

PARENT/GARDIAN RELEASE:

I am the parent/guardian of the minor _____, and I am signing this document of behalf of said minor. I have thoroughly read through the ASA Registration Packet to its entirety and I agree to its policies and procedures.

Print Name of Parent/Guardian: _____ Parent/Guardian Signature: _____ Date: _____.

ADULT REALEASE:

I, _____, am a student 18 years of age or older and I am signing this document on my behalf.

Print Name of Parent/Guardian: _____ Signature of Adult Student: _____ Date: _____.

Almaden Spirit Athletics Student Information Card

Students Name:

Parents Name (s):

Grade/School Attending (This Year):

Birth Date:

Age:

Phone Numbers

Home:

Cell:

Other:

Home Address:

Email Address (Student):

Email Address (Parent):

Emergency Contact Info

Name:

Relationship:

Phone Number:

Medical Restrictions:

Allergies: