

SPORTSROCK GYMNASTICS & CHEER
STUDENT REGISTRATION FORM - PLEASE PRINT

Office Use Only Please

Trial class
Date
Start Date

STUDENT'S NAME _____ BIRTH DATE ____/____/____ MALE OR FEMALE

STUDENT'S NAME (SIBLING) _____ BIRTHDATE ____/____/____ MALE OR FEMALE

MOTHER'S NAME _____ CONTACT PHONE # _____ OK TO TEXT? Y N

FATHER'S NAME _____ CONTACT PHONE # _____ OK TO TEXT Y N

MOTHER'S EMAIL _____ FATHER'S EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY PHONE _____ NAME & RELATION _____

HOW DID YOU HEAR ABOUT US? FRIEND SIGN/DRIVE BY WEBSITE FLYER OTHER _____

PRIMARY HEALTH CARRIER _____ POLICY # _____

PHYSICIAN _____ PHONE _____ DENTIST _____ PHONE _____

LIST ANY AND ALL MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS INCLUDING ALLERGIES _____

In consideration of the agreement of **SportsRock of Orlando, Inc., (hereinafter SportsRock)**, to accept my child(ren) (hereinafter Participant) as a participant in **SportsRock** activities, the parent or legal guardian of said Participant hereby states that they understand that any activity involving height, motion or rotation in an unique environment may cause the possibility of accidental injury, paralysis and even death. The undersigned voluntarily assume the risk of such injury to Participant, his or her heirs, executors, successors and assigns from any and all, liability, actions, claims and causes of action whatsoever on account of or in any way related to the participation in **SportsRock** activities.

Medical attention: I hereby give my consent to **SportsRock** to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of participation. I hereby agree to fully indemnify **SportsRock** for any medical expenses or other damages resulting from any such accidental injury to Participant while training or performing at or for **SportsRock**,

Waiver and release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics, cheerleading, trampoline and tumbling activities and events.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my child's participation I hereby grant permission for my child's likeness to be used in **SportsRock** publicity and/or advertising. It is also understood that no compensation will be given by **SportsRock** for use of pictures or videos.

I further agree that **SportsRock**, and the sponsor of any **SportsRock** event along with the employees, agents, officers, directors and owners of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event. I assume all risks associated with participation in the sport of gymnastics and/or cheerleading and/or trampoline and tumbling, including any accidental injury that may be sustained as a result of, or incidental to gymnastics, cheerleading or trampoline and tumbling instruction, now or any time in the future, seen or unforeseen. I hereby release **SportsRock**, its owners and employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of **SportsRock**, in or upon the premises of **SportsRock**. **SportsRock** recommends a Doctor's physical for participation in gymnastics, cheerleading, trampoline and tumbling for your child's benefit.

For any participant that is not yet 18 years old: As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by **SportsRock**.

Parent / Guardian / Self Signature (Circle One)

Date

THIS AGREEMENT AND WAIVER HAVING BEEN READ THOROUGHLY AND UNDERSTOOD COMPLETELY, IS SIGNED VOLUNTARILY AS TO ITS CONTENT AND INTENT. I HAVE RECEIVED AND READ A COPY OF ALL SPORTSROCK RULES / POLICIES / PROCEDURES & THE SPORTS CALENDAR AND AGREE TO ADHERE TO THEM.

PLEASE READ CAREFULLY AND INITIAL THE FOLLOWING:

_____, THE UNDERSIGNED AGREE TO PAY SAID MONTHLY TUITION ON OR BEFORE THE 1ST OF EACH MONTH. IN THE EVENT THAT THE SAID AMOUNT IS NOT RECEIVED ON OR BEFORE THE 1ST OF THE MONTH, I ALSO AGREE TO PAY A \$10.00 LATE FEE. (\$15.00 FOR TEAM MEMBERS)

_____, UNDERSTAND THAT I MAY WITHDRAW FROM THE PROGRAM UPON WRITTEN NOTICE TO SPORTSROCK, PROVIDED SAID NOTICE IS RECEIVED BEFORE THE 1ST OF MY LAST MONTH OF ATTENDANCE. **VERBAL WITHDRAWALS ARE NOT ACCEPTED**

Parent / Guardian / Self Signature (Circle One)

Date