

Family Registration Form for

Handstands and Hula Hoops Gymnastics and Motor Skills Development

Family, Parent/Guardian and Emergency Contact Information (Please print clearly)

Parent/Guardian Name(s): _____ & _____
Address: _____ City _____ Zip _____
Home Phone: _____ Mother's Cell: _____ Father's Cell: _____
E-mail _____ How did you hear about us? _____
Emergency Contact (If parents are unavailable) _____ Phone _____

Student Information

Student Names: 1. _____ 2. _____ 3. _____
Student Birthdates/sex: 1. dob: _____ M F 2. _____ M F 3. _____ M F
Special Medical Conditions/Allergies: _____

ASSUMPTION OF RISK • WAIVER AND RELEASE OF LIABILITY • PHOTO RELEASE • MEDICAL AUTHORIZATION

ACKNOWLEDGEMENT of RISK: I am the parent and/or Legal Guardian of _____

_____ [my child(ren)]. I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion; those activities include but are not limited to gymnastics, tumbling, trampoline, movement education, dance, rock climbing, and stunting. I also realize that my child(ren) will be performing and training on all gymnastics events plus various other training devices, including trampoline. I certify that I have consulted a physician, to the extent that I deem appropriate, concerning my child(ren)'s participation in these activities. I represent to dba Handstands and Hula Hoops that my child is medically fit to participate. I am also aware that participation in day camps and competition involves transportation to and from field trips and competition and that such transportation could result in injury or death in a vehicular accident. Furthermore, I recognize that because of increased movement, height, flipping, twisting and inversion, the competitive pursuit of these sports and activities carries a higher degree of risk of catastrophic injury than do the recreational versions.

CONSENT and ASSUMPTION OF RISK: Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Handstands and Hula Hoops programs and activities for which they are registered, and I ACCEPT ALL RISKS associated with this participation.

WAIVER and RELEASE: In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE AND DISCHARGE Handstands and Hula Hoops, its officers, directors, shareholders, employees, contractors, teachers coaches and volunteers from all liability resulting from damages or injuries incurred as a result of participation in

Handstands and Hula Hoops programs, including those resulting from acts of negligence. I understand that Handstands and Hula Hoops has relied on upon this agreement in determining the extent of insurance coverage to be obtained, and that in the absence of this Release, Handstands and Hula Hoops would charge considerably higher fees to participants.

PHOTO RELEASE: I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(ren)'s participation I hereby grant permission for my child(ren)'s likeness to be used in Handstands and Hula Hoops publicity or advertising.

CONSENT to MEDICAL TREATMENT: In the event of an accident or emergency, I hereby authorize Handstands and Hula Hoops and its representatives, including its employees, contractors, teachers, coaches and volunteers, to render first aid to my child(ren) to the extent they deem appropriate. I further authorize Handstands and Hula Hoops and its representatives to transport or arrange for transportation, by ambulance if Handstands and Hula Hoops deems it appropriate, of my child(ren) to a hospital or any other medical or dental facility for medical or dental treatment and I authorize Handstands and Hula Hoops and its representatives, to consent to medical and dental treatment for my child(ren). I agree to hold Handstands and Hula Hoops and its representatives harmless from any and all decisions made with respect to medical and dental treatment for my child(ren). Additionally, I hereby agree to be personally responsible for payment of all medical and dental expenses, including transportation, which may be incurred by myself or on behalf of my child(ren) as a result of any injury sustained while participating at or for Handstands and Hula Hoops, including future medical and dental expenses related to such injury.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF AND RELEASE OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION and my signature below indicates my voluntary agreement with the terms set forth above.

Parent or Legal Guardian's Signature: _____ Date: _____