

Paid On: ___/___/___

Registration Form
(Please Print)



CHEER / TUMBLE (circle one or more correct items)

Class(s): _____

Participant's Name _____

Home Phone: _____ Home Email: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Birthday: _____ Age: _____

Mom's Name: _____ Work Phone: _____ Employer: _____

Dad's Name: _____ Work Phone: _____ Employer: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Medical Insurance Company: _____

If you do not have insurance, please sign an additional waiver to release Stuntz Academy from any liability.

MEDICAL, LIABILITY & PROMOTIONAL RELEASE

1. I understand that by participating in this or any program, clinic, class, team or competition there is the possibility of death, serious injury or sickness to my daughter/son; therefore, I give permission for my daughter/son to participate in the STUNTZ ACADEMY LLC Team, Competition, Clinic, Class, or Special Event and do hereby grant permission to hospital staff members to administer immediate treatment to my child should she/he become injured or sick. I also understand that STUNTZ ACADEMY LLC may administer simple first aid to minor injuries if necessary.
2. Also, I am fully aware that any activity involving motion or height creates the possibility of death or serious injury, and I further agree to hold STUNTZ ACADEMY LLC and it's staff, instructors, owners and officers harmless for any injury or resulting expenses. I release and discharge any and all rights and claims against STUNTZ ACADEMY LLC and its parties. STUNTZ ACADEMY LLC strives to provide the maximum in safety procedures and guidelines, and therefore, cannot assume responsibility for any accidents or injuries that may occur.
3. I give STUNTZ ACADEMY LLC the right and permission to film, photograph or video tape my daughter/son for any reproductions for use in any form of advertisement for STUNTZ ACADEMY LLC promotional purposes.

MAKE-UP / REFUND POLICY

PARENT INITIAL _____ We DO NOT REFUND for missed classes. Missed classes must be made up sometime during the same week. When STUNTZ ACADEMY LLC is closed for holidays or snow days, you have one week to make the class up.

PAYMENT POLICY

PARENT INITIAL _____ ANNUAL REGISTRATION FEE – I understand that ALL class & team members must pay an annual registration fee at the time of enrollment or your athlete will be unable to participate.

PARENT INITIAL _____ CHEER TEAM--I understand that monthly team tuition is due on or before the 5th of every month. Further, I understand that no invoice will be mailed to my home as a reminder and that it is my responsibility to pay team tuition on time. Any uniform, travel and/or competition fee schedules will be distributed in class prior to scheduled competition dates. Contracts are signed in May. NO REFUNDS

PARENT INITIAL _____ ALL OTHER CLASSES--I understand that all monthly class fees are due on the first (1st) class of the new month and considered late if not paid by the second class of the month. I understand that I must re-register each month if I wish to continue and hold my class spot. A late fee will be posted to my account if a late payment is received after the second (2nd) class. The late fee is \$50.00 in addition to my monthly fee.

RELEASE FROM CLASS OR TEAM

PARENT INITIAL _____ STUNTZ ACADEMY LLC reserves the right to release any team or class member at any time for any reason including, but not limited to: excessive missed practice or class sessions, unacceptable behavior, or failure to pay expenses. If my daughter/son is released from a class or team or leaves on her/his own, I understand that any monies paid will not be refunded for any reason and if any monies are due STUNTZ ACADEMY, I agree to pay my child's account balance in full immediately.

PLEASE TURN OVER AND SIGN. WE MUST HAVE THE BACK OF THIS FORM FILLED OUT BEFORE YOUR CHILD WILL BE PERMITTED TO PARTICIPATE

In consideration of the STUNTZ ACADEMY LLC granting the applicant permission to participate in the instruction, activities and competition provided by STUNTZ ACADEMY LLC, its owners, managers, staff, officials and sponsors,

I/We _____,

Parents or Guardians of _____,

who wishes to participate in the STUNTZ ACADEMY LLC instruction, activities and competitions, give our consent for such participation by our son/daughter. I/We fully understand that cheerleading, dance, gymnastic and tumbling activities involve motion, rotation and height, in a unique environment, and as such, carry with them a reasonable assumption of risk. There are risks and dangers associated with participation in cheerleading, dance, gymnastic and tumbling activities including, but not limited to those of bodily injury, partial and/or total disability, paralysis, death and property damage.

I/We waive for our son/daughter any claims or causes of action for death, personal injury, property damage or otherwise which I/we may now have or hereafter have against the STUNTZ ACADEMY LLC, its owners, managers, staff, officials and sponsors arising out of my/our son/daughter's participation in the instruction, activities or competition of the STUNTZ ACADEMY LLC, its owners, managers, staff, officials and sponsors, including, without limitation, all claims or causes of action for death, personal injury, property damage or otherwise resulting from risks inherent in tumbling, cheer, dance and gymnastic activities, instruction and competition, including, without limitation, falls and from the lawful publication or any other lawful use of any photograph, videotape or narrative in any media.

In the event of injury or illness, I/We hereby give my/our consent for medical treatment and/or ambulance transport if it is deemed necessary. I/We give my/our permission to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable treatment or necessary procedures) for the participant.

We give my/our consent for any photographs and/or video of my child to be used by the STUNTZ ACADEMY LLC, its owners, managers, staff, officials and sponsors. Such material may be used for marketing purposes in the form of written publications, videos, and/or websites

Please fill out the following information and sign. We must have this form on file for every participant at the STUNTZ ACADEMY LLC before they will be eligible to participate.

Further, I/We represent that any medication to which my/our son/daughter is allergic or currently taking is listed below and will ensure that he/she will bring such medication with them to the STUNTZ ACADEMY LLC and that he/she is responsible for consuming the prescribed dosage.

Medications : _____

I/We acknowledge that there is risk of acquiring communicable diseases and release Stuntz Academy of any liability.

*****EVERY ATTEMPT WILL BE MADE TO CONTACT THE EMERGENCY # PRIOR TO MEDICAL ATTENTION*****

I/We have read, agree to, and understand everything on this Release and Medical Authorization.

Parent/Guardian Signature(s):

Date

Date