

# Dance Craze Gymnastics and Cheer LLC \ Power Athletix LLC Registration Form

## Participant/Student Information

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Home ( ) \_\_\_\_\_ Alt. emergency ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Medical conditions or allergies to which we should be alerted: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you learn about us? (If word of mouth, from whom?) \_\_\_\_\_

## Tuition/Registration Policy (does not apply to Camps/Clinics)

All monthly tuition is due by the 1st of each month. **Any tuition payments received after the 10th of the month will be accessed a \$15 late fee.** If tuition is not received by the 15th of the month, all class participation will be suspended until fees are made current. Tuition remains the same whether it is a 3 or 5 week month. There is a **\$40** individual registration fee and a **\$65** family registration fee. This fee is due with the registration form annually. Registration is complete and class space is reserved when the fee is paid and the form is submitted. No refunds will be given on tuition or registration fees.

By initialing here \_\_\_\_\_, I have read and agreed to this policy.

## Class Information (This area must be completed and sent in with Registration Fee\*)

Student #1: \_\_\_\_\_ Class Day/time Description: \_\_\_\_\_

Student #2: \_\_\_\_\_ Class Day/time Description: \_\_\_\_\_

## ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to dance, gymnastics, acrobatics, tumbling, trampoline, and cheerleading. In addition being fully aware of these dangers, I hereby voluntarily give full consent for my child(ren) to participate in any and all Dance Craze Gymnastics and Cheer LLC ("Dance Craze") and/or Power Athletix LLC ("Power Athletix") activities and/or programs and I ACCEPT AND ASSUME ALL RISKS, known and unknown, associated with this participation.

In consideration for my child(ren)'s participation I hereby, for myself, my child(ren), my respective heirs, my parents, assigns, personal representative and estate COVENANT NOT TO SUE and FOREVER RELEASE, Dance Craze, Power Athletix, its owners, employees, agents, personnel, contract labor and volunteers (hereinafter collectively referred to as "DCPA") from all liability resulting in damages or injuries incurred as a result of participation, including those resulting from acts of negligence.

I hereby voluntarily agree to forever release, discharge and agree to hold harmless and indemnify DCPA from any and all liability, demands, claims, costs (including attorneys' fee), and causes of actions arising, directly or indirectly, which are related to, or are in any way connected with my child's participation in Dance Craze and/or Power Athletix activities and/or programs.

I certify that my child has been evaluated by a physician and is physically capable of fully participating in any activity and/or program in which he/she is enrolled. In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold DCPA harmless in the execution of such. Additionally, I agree to individually provide for ALL medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating in Dance Craze and/or Power Athletix activities and/or programs.

## PHOTO RELEASE AUTHORIZATION

As the parent/legal guardian of the individual named above, I, the undersigned, hereby grant permission to DCPA, or any other public or private agency authorized by DCPA, the use and rights associated to the use of my child's photograph, video image, or voice, in promotional publications, and other media, without compensation.

I have carefully read and fully understand this ASSUMPTION OF RISK - WAIVER OF LIABILITY - MEDICAL AUTHORIZATION and PHOTO RELEASE AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN'S Signature \_\_\_\_\_ Date \_\_\_\_\_