

## Dance Craze \ Power Athletix Registration Form

### 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 Policy

All Tuition fees must be paid by each session start date. If Tuition is not paid by the session start date, the student will not be allowed to participate in class and will be removed from the roster and replaced by the next person on the waiting list. Please note, Tuition is the same regardless of absences. **The registration fee of \$30 per student or \$50 per family is required and must be paid before a student registration is accepted.** 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 #: \_\_\_\_\_ Class #: \_\_\_\_\_ Class #: \_\_\_\_\_

Student #1: \_\_\_\_\_ Class #: \_\_\_\_\_ Class #: \_\_\_\_\_ Class #: \_\_\_\_\_

Student #2: \_\_\_\_\_ Class #: \_\_\_\_\_ Class #: \_\_\_\_\_ Class #: \_\_\_\_\_

Student #2: \_\_\_\_\_ Class #: \_\_\_\_\_ Class #: \_\_\_\_\_ Class #: \_\_\_\_\_

### 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, tumbling, trampoline, and cheerleading. In addition Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Dance Craze Gymnastics and Cheer \ Power Athletix programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Dance Craze Gymnastics and Cheer LLC, Power Athletix LLC, its owners, employees, contractors, contract labor and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Dance Craze Gymnastics and Cheer \ Power Athletix, and it's representatives harmless in the execution of such. Additionally, I hereby 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 at or for Dance Craze Gymnastics and Cheer \ Power Athletix.

### PHOTO RELEASE AUTHORIZATION

As the parent/legal guardian of the individual named above, I, the undersigned, hereby grant permission to Dance Craze Gymnastics and Cheer LLC \ Power Athletix, its owners, employees, or any other public or private agency authorized by Dance Craze Gymnastics and Cheer LLC, Power Athletix LLC, 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 read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTO RELEASE AUTHORIZATION and I **VOLUNTARILY** affix my name in agreement.

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