

STUDENT REGISTRATION FORM

PLEASE PRINT

Student's Name: _____ F M Age: _____ DOB: _____
Class: _____ Day: _____ Time: _____
Email Address: _____
Medical Condition: _____

Mother's Name: _____
Address: _____ City: _____ Zip: _____
Phone: (_____) _____ Cell: (_____) _____
Email Address: _____

Father's Name: _____ Check if address is same
Address: _____ City: _____ Zip: _____
Phone: (_____) _____ Cell: (_____) _____
Email Address: _____

Emergency Contact's Name: _____ Relation: _____
Phone: (_____) _____ Cell: (_____) _____

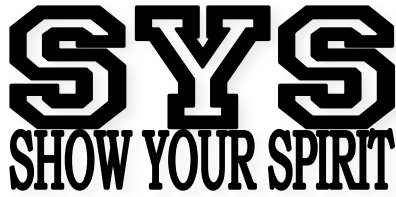
Physician's Name: _____ Phone: (_____) _____

Dentist's Name: _____ Phone: (_____) _____

Has your child had a physical exam in the past three years? Yes No

May we use your child's photo on our website or in our advertisements?
No names will be disclosed. Yes No

Eligibility to participate in class at Show Your Spirit requires a completed student registration form with release of liability and emergency medical authorization and full tuition on or before the first day of class.



LIABILITY RELEASE
PLEASE PRINT

Must be signed by parents or guardians before child can participate.

NAME	PARTICIPANT:	PARENT/GUARDIAN:	PARENT/GUARDIAN:
ADDRESS		<input type="checkbox"/> Check if address is same	<input type="checkbox"/> Check if address is same
PHONE			

In consideration of the permission granted my child to participate in a SYS – Show Your Spirit sports activity, class, competition, team, including non-cheer activities such as swimming and playground activities (hereinafter referred to as the “Activity”), I, the parent or legal guardian of the above named child, make the following representations:

(1) I understand the nature of the Activity that my child will participate in, and I represent that, to the best of my knowledge, my child is qualified, in good health, and in proper physical condition to participate in the Activity. I further represent and acknowledge that, should I ever believe that any of the above representations become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for my child, that it will be my responsibility to immediately discontinue my child’s participation in the Activity.

(2) I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my child’s actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the “releasees” named below. I further understand that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, cost, and damages that I may incur as a result of my child’s participation in the Activity.

(3) I hereby give my approval of and consent to my child’s participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity. I hereby release, acquit, covenant not to sue, and forever discharge, and agree to indemnify and save harmless Show Your Spirit, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity, or and from any and all actions, causes of action, claims, or demands, or whatever name or nature arising out of injuries to or death of the above named child as a result of the Activity and the transportation of the above named child thereto and therefrom.

(4) In the event my child is injured or become ill when I am not present and reasonable efforts to contact me at _____ (phone #) or (other parent/guardian) at _____ (phone #) have been unsuccessful, I hereby give my consent for (1) the administration to my child of any treatment deemed necessary by any licensed physician or dentist, and (2) the transfer of my child to any hospital that is reasonably accessible. This authorization does not cover major surgery unless the opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning my child’s medical history (allergies, medications being taken, physical impairments, etc.) are as follows:

(5) I have read the Policies and Procedures fro parents, spectators, and participants in the Activity Handbook, and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard. **I have read this release and understand all of its terms. I understand that by signing this release, I am giving up substantial rights. I execute I voluntarily and with full knowledge of its significance.**

Date:

Signature of Both Parents or Guardians:

