



Registration Form

Year Paid: _____

Athlete's Name: _____ Birthdate: _____ Age: _____

Parent's Name: _____ Phone: _____

Email of person responsible for communication and payment: _____

Address: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Medical Insurance Company: _____ (if you do not have medical insurance you must fill out an additional waiver)

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 its staff, instructors, owners, 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 safety procedures and guidelines, and therefore, cannot assume responsibility for any accidents or injuries that may occur.
3. I give STUNTZ ACADEMY the right and permission to film, photograph or videotape my daughter/son for any reproductions for use in any form of advertisement for STUNTZ ACADEMY LLC promotional purposes.

Make-Up / Refund Policy

We DO NOT REFUND for missed classes. Missed classes due to illness must be made up sometime during the same week. When Stuntz Academy is closed for holiday or snow days, you have one week to make the class up. If you do not attend class for a prolonged amount of time due to injury, you will be credited for the next month after communicating doctors orders with the front desk. PARENT INITIAL _____

Payment Policy

Annual Registration Fee goes from January to January however, I understand that ALL class & team members must pay an annual registration fee at the time of enrollment. PARENT INITIAL _____

I understand that monthly tuition is due on the last class of every month. If payment is not paid, your child will not be able to participate. I understand that I must re-register each month if I wish to continue and hold my class spot. PARENT INITIAL _____

Release from Stuntz Academy

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 practices, unacceptable behavior, or failure to pay expenses. If my daughter/son is released from a class, team, or leaves on her/his own, I understand that any monies paid will not be refunded for any reason and if monies are due to STUNTZ ACADEMY, I agree to pay my child's account balance in full IMMEDIATELY.

PARENT INITIAL _____

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 currently taking and any allergies is listed below and will ensure that he/she is responsible for consuming the prescribed dosage.

Medications: _____ Allergies: _____

I/We acknowledge that there is risk of acquiring communicable diseases and release STUNTZ ACADEMY LLC of any liability.

WAIVER

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, Parents or Guardians of Birthday Party Participants, 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.

I/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.

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.

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

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

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date