



# Athletic Arts Center 2009-2010 Registration

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB / / \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

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

How did you learn about Athletic Arts Center? (If by mouth, whom?) \_\_\_\_\_

Photos may occasionally be taken of class participants. Is AAC, LLC free to use such photos in Marketing without compensation to you?  Y  N

**THANK YOU FOR YOUR PARTICIPATION!**

Class	Day	Time

Monthly Fee: \_\_\_\_\_

Monthly Fee: \_\_\_\_\_

Monthly Fee: \_\_\_\_\_

Monthly Fee: \_\_\_\_\_

Monthly Fee: \_\_\_\_\_

**Subtotal:.....\$** \_\_\_\_\_

Less Family and/or Multi-Class Discount:..... - \$ \_\_\_\_\_

Total Monthly Tuition (due by the 5th of each month):.....\$ \_\_\_\_\_

(\$10 Late Fee is due with any payments after the 15th of the month.)

\$30 Annual Administration Fee (\$40 for entire family).....\$ \_\_\_\_\_

**TOTAL DUE AT REGISTRATION: .....**\$ \_\_\_\_\_

**Registration fee is non-refundable.**

**TO WITHDRAW FROM CLASSES YOU MUST NOTIFY US IN WRITING.**

## 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 gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Athletic Arts Center programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or 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 Athletic Arts Center, LLC, its officers, directors, shareholders, employees, contractors 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 Athletic Arts Center, LLC and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Athletic Arts Center.

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

PARENT/LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_