

Zodiacs Athletics, Dance, Cheer, and Gymnastics

Student Info

Students Name: _____ M/F Date of Birth: _____

Parent/Guardian's Name: _____

Home Phone #: _____ Cell Phone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Emergency Info

Emergency Contact Name: _____ Phone #: _____

Relationship: _____

Existing Medical Conditions: _____

Previous Injuries/Illness: _____

Regular Medications: _____

Primary Medical Insurance: _____

Acknowledgment of Risk and Liability Waiver

As legal guardian of _____, I hereby consent to the aforementioned person participating in any Zodiacs Athletics, Zodiacs Danzn Academy, Zodiacs Gymnastics, and/or Zodiacs Extreme programs. I recognize the potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including dance, gymnastics, cheerleading, and related activities including tumbling and trampoline.

I understand that it is the express intent of Zodiacs Athletics, Zodiacs Gymnastics, Zodiacs Danzn Academy, and/or Zodiacs Extreme to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release Zodiacs Athletics, Zodiacs Gymnastics, Zodiacs Danzn Academy, Zodiacs Extreme its officers, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Zodiacs Athletics, Zodiacs Gymnastics, Zodiacs Danzn Academy and /or Zodiacs Extreme.

As legal Guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Zodiacs Athletics, Zodiacs Gymnastics, Zodiacs Danzn Academy, and/or Zodiacs Extreme.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian Signature

Date

Permission to Treat (optional)

I hereby give permission to treat in the event I am not present.

Parent or Legal Guardian Signature

Date