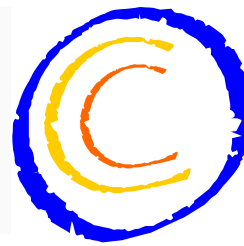




MAVERICK ALL STAR TUMBLERS

ALL DAY PLAY



1308 SANTA FE DRIVE WEATHERFORD, TEXAS 76086

817-613-1189 THEMAVERICKALLSTARS.COM

MAVERICKALLSTARS@GMAIL.COM

Child's Name _____ Gender _____ DOB ____/____/____ Grade 2024/2025 _____ School: _____

Child's Name _____ Gender _____ DOB ____/____/____ Grade 2024/2025 _____ School: _____

Child's Name _____ Gender _____ DOB ____/____/____ Grade 2024/2025 _____ School: _____

Child's Mailing Address _____ City _____ Zip _____

Parent/guardian 1) _____ Cell: _____ Texts OK? YES NO

Address _____ City _____ Zip _____

Email: _____ Employer: _____ Work #: _____

Parent/guardian 2) _____ Cell: _____ Texts OK? YES NO

Address _____ City _____ Zip _____

Email: _____ Employer: _____ Work #: _____

Emergency Contacts

Name	Phone 1	Phone 2	Relationship

If your child is enrolled in other classes here, please specify child's name, class name, day and time:

IT IS THE PARENT'S RESPONSIBILITY TO INFORM DIRECTOR ON CHILD'S CLASSES (CHANGES, DROPS, ETC.)

My child's immunization/TB and vision/hearing records are current. _____ (initial)

I have received a copy of the All Day Play Handbook. _____ (initial)

Concessions and drinks (\$2) and ice cream (\$3, \$4, or \$5) are available for purchase. Please specify what your child is allowed to charge to your account:

Cancellations: We cannot give refunds or exchanges for reducing or changing the amount of days your child attends after the Sunday prior to the week of attendance for Summertime All Day Play. For school break All Day Play, we cannot give refunds after the registration deadline.

Requested Dates:

Estimated Drop Off Time: _____ Estimated Pick Up Time: _____

Annual Registration	\$50 per child
All Day Play 7:30am-6:30pm	\$50 per child per day
Annual Supply Fee	\$30

OFFICE USE: Registration Fee Paid Date: _____ Initials: _____

I fully understand that Maverick All-Star Tumblers, MACD LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release , Maverick All-Star Tumblers, MACD LLC staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Maverick All-Star Tumblers, MACD LLC staff to call our doctor and to seek medical help, including transportation by a Maverick All-Star Tumblers, MACD LLC staff member or its representatives, whether paid or volunteer, to any health care facility, hospital or the calling of an ambulance for said child should the Maverick All-Star Tumblers, MACD LLC staff deem this to be necessary. We also authorize the physician and/or hospital to perform treatment to any illness or injury to my/our child. I/We authorize payment for treatment, either personally or through our family health insurance.

We, the staff of Maverick All-Star Tumblers, MACD LLC recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, dance, ropes course elements, rock wall and all other activities. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, trampoline, tumbling, cheerleading, dance, ropes course elements, the rock wall and all other activities affiliated with Maverick All-Star Tumblers, MACD LLC can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coach's instructions. Maverick All-Star Tumblers, MACD LLC it's coaches, and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading, ropes course elements, the rock wall, dance instructions, open workouts, or in the case of any exhibition, competition, special event, or camp/clinic in which he or she may participate in while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Maverick All-Star Tumblers, MACD LLC my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against Maverick All-Star Tumblers, MACD LLC and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection any my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels appropriate Maverick All-Star Tumblers, MACD LLC will only warn the child through "Safety Rules" and our teaching style and progressions.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL/TRANSPORTATION/WATER ACTIVITIY/PHOTO RELEASE AND AUTHORIZATION

(1) 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, martial arts, dance, cheerleading, ball sports, swimming and diving. In addition I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in certain activities including but not limited to day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child (ren) to participate in any and all activities **I ACCEPT ALL RISKS** associated with such participation.

(2) In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Maverick All-Star Tumblers, MACD LLC, Outstanding Christian Childcare and all their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from acts of negligence.

CHECK ALL THAT APPLY:

1. TRANSPORTATION:

I hereby ☐ give ☐ do not give - consent for my child to be transported and supervised by the operation's employees for emergency care

MEDIA RELEASE I am aware that for advertising purposes, individual and group photos and video are taken from time to time at the MACD LLC campus and off campus at competitions and other special events that MACD LLC participates in. I hereby grant my permission for my child's likeness, pictures and videos to be used for MACD LLC advertising and marketing materials.

X _____ Date: _____ Print Parent Name _____
Signature of Parent

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____	Address _____	Phone _____
Name of Emergency Medical Care Facility _____	Address _____	Phone _____

I give consent for the Staff of MACD LLC/Maverick Outstanding Christian Childcare to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

Special Needs and Medical Information Sheet

Please check any that apply to your child:

☐ Hospitalization in past 12 months

Reason for Hospitalization

Food Allergies

☐

Please describe food allergies and reaction

Currently on Medication

☐

Name and dosage of medication

Existing Illness

☐

Name and description of illness

Previous Serious Illness or Injury

☐

Name of Illness or Injury

Any other Special Care Needs:

☐

At Maverick Outstanding Christian Childcare the foundation of our code of conduct is Love, Joy, Peace, Patience, Kindness, Goodness, Faithfulness, Gentleness, and Self-Control. Children are expected to respect themselves, other children, and staff at all times. Destruction of property, theft, violence, and bullying will not be tolerated. The first violation will result in a written warning and any subsequent violations may result in dismissal from the childcare program.

I understand the expectations of my child's behavior.

Signature of Parent/Guardian

Date

CONTACT INFORMATION

Amay Rawls, All Day Play Director
682-532-8778 text
amay@themaverickallstars.com

Maverick All Star Tumblers/Outlaw Cheer Company
817-613-1189 front desk

CREDIT CARD AUTHORIZATION FORM

Child's Name: _____ Cardholder Name: _____

Credit Card#: _____ - _____ - _____ - _____ Exp: _____ Billing Zip Code: _____

Credit Card Holder Signature: _____

[illegible]