

ACE ELITE

WAIVER FORM 2022-2023

PLEASE READ BOTH SIDES OF THIS AGREEMENT BEFORE REGISTERING

Date: _____

How did you hear about Ace Elite?

Athlete's Name: _____

Birth Date: _____

Father's Name: _____

Mother's Name: _____

Legal Guardian: _____

Home Address: _____

City: _____ State: _____

Zip: _____

e-mail **Required:** _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Previous Cheerleading, Gymnastics, Tumbling, Dance:

I fully understand the staff of Ace Elite are not physicians or medical practitioners of any kind. With that in mind, I hereby release Ace Elite to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical

expenses incurred from training, competition, or participation in activities with Ace Elite. I further understand that my child or family members may be exposed to Covid 19 while participating in an activity and agree to assume all risk and agree to hold the owners and Ace Elite, any agent, employee, or any representative of Ace Elite harmless. I agree to notify the gym if anyone in my family has been diagnosed with Covid 19.

In an emergency the person other than the parent to be notified is: Name/
Relationship _____
Emergency Phone: _____
Special Medical Conditions:

INSURANCE INFORMATION – (Insurer BCBS, Aetna, other) Group Name:

POLICY NUMBER: _____
Policy Holder: _____

SAFETY – I understand I am responsible for my child’s siblings, family member’s, guest’s and my behavior and safety while on the Ace Elite premises, including gym area, parking lots, bathrooms, waiting areas, etc.

X: _____ DATE _____