

# Technique Tumble & Cheer Registration Form (Valid Sept 2017 - Aug 2018)

Student Name (1st child): \_\_\_\_\_ Birthday: \_\_\_\_\_  
Age: \_\_\_\_\_ M / F Class Name / Day / Time: \_\_\_\_\_

Student Name (2nd child): \_\_\_\_\_ Birthday: \_\_\_\_\_  
Age: \_\_\_\_\_ M / F Class Name / Day / Time: \_\_\_\_\_

Student Name (3rd child): \_\_\_\_\_ Birthday: \_\_\_\_\_  
Age: \_\_\_\_\_ M / F Class Name / Day / Time: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Guardian # 1: \_\_\_\_\_

Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(We will be emailing important notices periodically)

Guardian # 2: \_\_\_\_\_

Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(We will be emailing important notices periodically)

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are there any medical conditions, allergies, disabilities, or limitations to which we should be alerted? \_\_\_\_\_

How did you learn about Technique? \_\_\_\_\_

Acknowledgement (required for participation)

*As a parent or legal guardian, I understand that registration in Technique Tumble & Cheer is dependent upon acceptance of the terms set forth on the Participation Agreement on the **reverse side** of this form.*

## Parental Photo / Video Usage Waiver

By signing this waiver box, I agree to allow Rising Stars Academy use and reproduction of photographs and digital images (photo and video) taken of the children listed above for purposes of marketing, internet marketing, public relations, and promotion. I understand that last names will **NOT** be used of any individuals.

Parent Signature \_\_\_\_\_  
or \_\_\_\_\_ I would rather my child's image(s) not be used.

\_\_\_\_\_  
**Signature of Parent of Legal Guardian**

\_\_\_\_\_  
**Today's Date**

**OVER >>>**

Technique Tumbling & Cheer Prep recognizing it is our obligation to make our students and their parents aware of the risks and hazards associated with the sports of tumbling, trampoline, and cheerleading. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Tumbling, trampoline, and cheerleading can be dangerous and can lead to injury. While Technique Tumbling & Cheer Prep maintains safety rules, it is the parent's responsibility to warn the child about the dangers of tumbling, trampoline, cheerleading, and injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction.

Therefore, in consideration of my child's membership at Technique Tumbling & Cheer Prep, and my child's participation in Technique Tumbling & Cheer Prep classes, events, and activities, I (parent/legal guardian), \_\_\_\_\_ agree to be bound by the following:

**1. Eligibility:** I agree to comply with the rules of Technique Tumbling & Cheer Prep.

**2. Readiness to Participate:** My child will only participate in those Technique Tumbling & Cheer Prep classes, events, competitions, and activities for which I believe he/she is physically and psychologically prepared.

**3. Medical Attention:** I hereby give my consent to Technique Tumbling & Cheer Prep to provide through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.

**4. Waiver and Release:** I am fully aware and understand that participation in the programs at Technique Tumbling & Cheer Prep involve motion, rotation, and height in a unique environment which carries risk of injury, including catastrophic injury, paralysis, and death, as well as other damages or losses associated in tumbling, trampoline, cheerleading, and other physical activities.

I further agree that Technique Tumbling & Cheer Prep, along with its employees, agents, officers, and directors of this organization shall not be liable for any losses or damages occurring as a result of my child's participation in the events, except where such loss or damage is a result of willful, wanton, or reckless conduct of one of the organizations or individuals listed above.

**5. Medical Insurance:** I agree and understand that as a participant of Technique Tumbling & Cheer Prep my child must be covered by a health/medical insurance obtained by myself. I represent that I and my child are covered by a primary health/medical/accident insurance through: \_\_\_\_\_. I further understand that Technique Tumbling & Cheer Prep maintains insurance that is only secondary in nature for the purpose of covering claims not covered by my own primary insurance. I understand that this insurance does not cover co-payments or deductibles and that Technique Tumbling & Cheer Prep and/or their insurer will not liable to reimburse me for any co-payment or deductible.

**6. Severability:** In the event that any section or portion of this agreement shall be invalidated by legal declaration, it shall have no effect on the validity and legality of any other portion or section of this agreement not invalidated.

## Acknowledgement

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to participate in tumbling, trampoline, and cheerleading activity at Technique Tumbling & Cheer Prep.

As a parent or legal guardian, I hereby verify that by my signature below that I fully understand and accept each of the above conditions, have reviewed the individual eligibility rules, and I am fully aware that with the participation in tumbling, trampoline, and cheerleading comes the risk of injury to my child/ward. I understand the degree of danger and seriousness of risk of injury and assume responsibility for discussing such dangers with my child. I certify that my child has sufficient insurance to cover and injury sustained during participation at Technique Tumbling & Cheer Prep events and therefore agree hold harmless Technique Tumbling & Cheer Prep for any such injury.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)