

SPIRIT OF TEXAS

REGISTRATION FORM

FIRST NAME: _____ LAST NAME: _____

BIRTHDAY: _____ AGE: _____ SEX: _____ SCHOOL: _____

ADDRESS: _____ CITY/ZIP: _____

EMAIL: _____ HOME PHONE: _____

FATHER: _____ WORK PHONE: _____ CELL: _____

MOTHER: _____ WORK PHONE: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

DOCTOR: _____ PHONE: _____

SPECIAL PROBLEMS/PAST INJURIES/SURGERIES: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to the aforementioned person participating in the Spirit of Texas Cheer and Gymnastics programs. I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling, stunting, and cheerleading.

I understand that it is the express intent of Spirit of Texas Cheer and Gymnastics 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 Spirit of Texas Cheer and Gymnastics, it's owners, employee, instructors, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Spirit of Texas Cheer and Gymnastics.

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, competing or performing for, Spirit of Texas Cheer and Gymnastics.

In case of emergency, I authorize the Spirit of Texas Cheer and Gymnastics staff to administer first aid to my child and/or take my child to a physician or hospital for further treatment.

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

PARENT/LEGAL GUARDIAN'S CONSENT: _____ DATE: _____

Tuition due on or before the 25th (space guaranteed) Add \$10.00 For tuition paid after the 25th