

Registration

Start Date: ___/___/___

Student Information

Home ph: (____) _____ - _____

Last Name _____ First Name _____ Sex ____ DOB ___/___/___

Last Name _____ First Name _____ Sex ____ DOB ___/___/___

Last Name _____ First Name _____ Sex ____ DOB ___/___/___

Last Name _____ First Name _____ Sex ____ DOB ___/___/___

Address _____ City _____ Zip _____ Email _____

Mother's Name _____
First Last @ _____

Cell(____) _____ Work(____) _____ Place of Business _____ Occupation _____

Father's Name _____
First Last

Cell(____) _____ Work(____) _____ Place of Business _____ Occupation _____

Emergency Contact _____ Phone(____) _____

How did you learn about Cutting Edge Athletics? (If word of mouth, from whom?) _____

ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY PHOTO RELEASE AND MEDICAL AUTHORIZATION

I, recognize that there are risks and hazards associated with the sports of gymnastics, tumbling, cheerleading and dance. I understand that my child(ren) may suffer sever or catastrophic injuries associated with these activities including permanent paralysis or death.

Being fully aware of and appreciating the risks involved in these activities, I hereby consent for my child(ren) to participate in any and all Cutting Edge Athletics, L.L.C. classes, event, competitions and activities. I acknowledge that I have made my child(ren) aware of the possibility of such injuries. I ACCEPT ALL RISKS associated with my child(ren)'s participation in these activities.

In consideration for my child(ren)'s participation, I hereby, for my child(ren) and their heirs and successors PROMISE NOT TO SUE and FOREVER RELEASE, Cutting Edge Athletics, L.L.C., its officers, directors, shareholders, employees, contractors and volunteers from liability resulting in damages or injuries incurred as a result of participation in the above referenced activities including those resulting from acts of negligence.

I fully understand that Cutting Edge Athletics, L.L.C., staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize Cutting Edge Athletics Staff to render first aid to my child(ren) in the event of an injury or illness and if deemed necessary by Cutting Edge Athletics, L.L.C., Staff, to seek medical help, including transportation by Cutting Edge Athletics, L.L.C. Staff or ambulance to a health care facility or hospital.

Additionally, I hereby agree to individually provide for all medical expenses which my be incurred by my child(ren) as a result of any injury sustained while participating in activities with Cutting Edge Athletics, L.L.C.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my child(ren)'s participation, I hereby grant my permission for my child(ren)'s likeness to be used in Cutting Edge Athletics, L.L.C., publicity or advertising.

I, as the legal parent or guardian of _____, verify by my signature below that I have read and I fully understand and accept each of the above conditions set forth in this ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY, PHOTO RELEASE, AND MEDICAL AUTHORIZATION.

(Please Print) Parent and/or Guardian Name

I have read and understand
the C.E.A. Refund Policy. Int: _____

Parent and/or Guardian Signature

Dated: _____