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**Initial Registration Form**

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| --- | --- | --- | --- | --- | --- | --- |
| Family Information | | | | | | |
| Family Name (Student’s Last Name) | | | | Is your child a Y member? | | |
| Street Address | | | | City, State, Zip | | |
| Contact #1 | | | | | | |
| Mark One | Mother | Father | Step-Mother | | Step-Father | Other |
| First Name | | | | Last Name | | |
| Home Phone | | | | Cell Phone | | |
| Email | | | | | | |
| Contact #2 | | | | | | |
| Mark One | Mother | Father | Step-Mother | | Step-Father | Other |
| First Name | | | | Last Name | | |
| Home or Cell Phone | | | | Email | | |
| Emergency Contact (*OTHER THAN parents*) | | | | | | |
| Name and Relationship to Student | | | | | | |
| Home Phone | | | | Cell Phone | | |
| Student #1 Information | | | | | | |
| First Name | | | | Last Name | | |
| DOB, Grade, School | | | | T-Shirt Size | | |
| Student #2 Information | | | | | | |
| First Name | | | | Last Name | | |
| DOB, Grade, School | | | | T-Shirt Size | | |
| Student #3 Information | | | | | | |
| First Name | | | | Last Name | | |
| DOB, Grade, School | | | | T-Shirt Size | | |
| Health Care Information | | | | | | |
| Primary Doctor & Phone Number | | | | Health Insurance & Member ID Number | | |

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**Medical History Survey**

NAME OF PARTICIPANT:

Does participant have any condition that would preclude or limit participation in our programs? **NO YES**

If yes, please explain:

Has participant ever been informed that they have Asthma? **NO YES**

If so, is it controlled by medication? **NO YES**

Has participant ever been informed that they might have epilepsy, or ever experienced a seizure? **NO YES**

Has participant been treated for infectious mononucleosis, viral pneumonia, or another infectious disease during the past twelve months? **NO YES**

Has participant ever been treated for or informed by a medical doctor that they have a heart problem, a heart murmur, or high blood pressure? **NO YES**

Has participant ever been told they had hemophilia or other bleeding disorders or currently have easy bleeding or bruising? **NO YES**

Has participant ever been told that they have a hernia? **NO YES**

If so, was it repaired? **NO YES**

Has participant had any operations in the past two years? **NO YES**

If yes, please indicate the anatomical site and date:

Is participant currently taking prescribed medications? **NO YES**

If so, indicate the name of drug and indicate why it is prescribed:

Has participant ever been treated for Osgood-Schlatter (knee) disease? **NO YES**

Has participant had a fracture during the past two years? **NO YES**

If yes, indicate the site of the fracture and date:

Has participant had any joint dislocation during the past two years? **NO YES**

If so, please indicate which joint:

Does participant ever experience pain in the back? **NO YES**

If yes, indicate frequency by circling the answer:

**SELDOM OCCASIONALLY FREQUENTLY ONLY ON VIGOUROUS EXERCISE or HEAVY LIFTING**

Is participant allergic to penicillin or any other medications? **NO YES**

If so, please list:

Have there been any disciplinary, emotional, learning disabilities or other concerns, which we should be aware of?

If so, please explain:

PARENT / GUARDIAN / STUDENT: All of the above questions have been answered completely and truthfully to the best of our knowledge.

Date Parent Signature (or student if over 18)



NAME OF ATHELTE (S):

In consideration of my child’s participation in Transform Academy classes, events, and activities, I agree to be bound by the following:

* **Eligibility:** I agree to comply with the rules & policies of Transform Academy
* **Readiness:** My child will only participate in those classes, events, competitions, and activities for which I believe he/she is physically and psychologically prepared. Prior to participation, he/she will have practiced his/her exercises and will perform only those exercises which he/she has accomplished to the degree of confidence necessary to assure that he/she can perform them by his/herself, and without injury.
* **Medical Attention:** I hereby give my consent to Transform Academy and/or the host organization 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.
* **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics, tumbling, cheer, and dance events. I agree to indemnify and hold Transform Academy, its employees, officers, and volunteers harmless from and against any and all liability for any injury that may be suffered by the aforementioned individual arising out of or in any way connected with participation in these activities. I further agree the sponsor of any Transform Academy events, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of the aforementioned individual’s participation in the event.
* **Media Consent and Release:** I give my consent for the aforementioned child to be photographed, videotaped and/or filmed while participating in activities at Transform Academy and I give my permission for the resulting photos, etc. to be use by the Academy for educational and promotional purposes.
* **Acknowledgment of Member Handbook:** I have received a copy of the Member Handbook and have read it cover to cover. I fully understand and agree to abide by all rules and policies therein.

As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Transform Academy.

Signature of (circle one) Parent / Guardian:

Printed name: Date: