

Crush Athletics, LLC Gym Registration Form/Waiver

Date: _____

Student's Name: _____ Parent or Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____

Work #: _____ Alternate #: _____

Date of Birth: ____/____/____ Current Age: _____

Current Grade: _____ School Attending: _____

Email Address: _____

WAIVER & RELEASE

I give my child, _____ who is a minor, permission to participate in the Crush Athletics, LLC classes, teams, lessons, and camps. He/she has permission to participate in all practices, camps, functions, trips, events and/or team competitions. Since this is a physical activity, I have been advised to consult a physician or state that he/she is physically capable of participating in this activity. Cheerleading, gymnastics and related activities are treated as a sport and will include strenuous physical activities such as gymnastics, jumps, partner stunting or pyramid building, dancing and conditioning leading up to these skills. While safety is the first priority of this program and its staff, I am aware that risks are involved including but not limited to injuries (minimal, serious, catastrophic and/or death), serious neck and spinal injuries, serious injury to bones, joints, and muscles, or aggravation to an existing condition. I assume all risks of any such injuries or aggravation of any such condition that could occur and assume full responsibility for my child's participation. I hereby waive and release forever Crush Athletics, LLC and its staff, employees, teachers, coaches, agents, subcontractors, other program participants, sponsoring agents, advertisers, and if applicable, any owners and lessors of the premises used to conduct Crush Athletics, LLC Programs, from any and all claims for injuries which may arise as a result of participating in this program.

Initial: _____ I also give authorization for medical treatment or hospitalization of my child in case of any accident or illness that may arise if a parent or emergency contact cannot be reached.

Initial: _____ I permit my child's likeness, image or photograph to be used in conjunction with my child's involvement with this activity as may happen with team or gym marketing or publicity, including gym's website.

Parent or Legal Guardian Signature: _____ **Date:** _____

CLASSES – CHECK ALL THAT APPLY

_____ All Star Cheer Team _____ All Star Dance Team _____ School Team/Camp: _____

_____ Tumbling Class: (Day): _____ (Time): _____

_____ Private _____ Semi Private

SHIRT SIZE

YOUTH: SMALL (6-8) MEDIUM (10-12) LARGE (14-16)

ADULT: SMALL MEDIUM LARGE X-LARGE

Crush Athletics, LLC Registration Form/Waiver cont.

MEDICAL INFORMATION AND MEDICAL RELEASE

Child's Name: _____ Date: _____

Emergency Contact & Phone: _____ Relationship: _____

Secondary Contact & Phone: _____ Relationship: _____

Child's Physician: _____ Phone: _____

Does the Student have any medical conditions or previous injuries that we should be aware of? If so please explain.

Any Orthopedic conditions that will limit safe participation in any activity: _____

Contact Lenses: _____ Asthma: _____ Diabetic: _____ Cardia Problem: _____

List any allergies (including medication):

_____ Bee Stings _____ Nuts (type: _____) _____ Poison Ivy/Oak _____ Other: _____

List any prescription drugs we should be aware of: _____

Non-prescription Drugs: My child may be given non-prescription medicine, over-the-counter medicines as needed such as Tylenol, Advil, antacids, etc... _____ YES _____ NO

X _____

Signature of Parent/Legal Guardian

Date

MEDICAL INSURANCE INFORMATION

The undersigned certified that medical insurance covers the student while he/she participates in gymnastics/cheerleading activities at Crush Athletics, LLC.

Insurance Company Name _____ Policy # _____

Insurance Address _____

Policy Subscriber _____

Parent or Legal Guardian (print name) _____

X _____

Signature of Parent/Legal Guardian

Date