



**Registration Package
2014**

Registration Form

Participants Name: _____

DOB: _____ Grade: _____

Phone number: _____

email address: _____
(preferred email address for correspondence)

Address: _____

Mother's name: _____

Mother's cell phone: _____

Father's name: _____

Father's cell phone: _____

Emergency contact #1 name: _____

phone: _____

Emergency contact #2 name: _____

phone: _____

Allergies: _____

(please specify if any emergency treatment will be needed
epipens or inhalers for example)

Any medical conditions we should know about: _____

Any behavioral concerns we should know about: _____

Medical insurance company name: _____

Policy number: _____ Group number: _____

Preferred hospital: _____

I hereby authorize the staff at Spring into Action to act for me according to their best judgment in any emergency requiring medical attention for my

child _____

child's name

parent signature

date

Do you allow the use of your child's photographs to be used on printed material such as pamphlets, mailers and signs. As well as being used on the website? Yes No

Signature: _____ Date: _____

How did you hear about Spring into Action?

website

sign

facebook

mailer

friend or family member

pamphlet

other, please specify _____

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of membership in the Spring into Action fitness center, and being allowed to participate in all the Spring into Action fitness center events, practices and/or athletic activities including gymnastics, cheerleading, tumbling, music and motion, preschool, parent night outs, fitness classes and day camps, open gym, open workouts and trial classes the parent(s) and/or legal guardian(s) of the minor participant named below agree:

Assumption of Risk

1. I and the participant(s) understand the nature of this gym's activities and sponsored events and certify that the participant(s) is qualified, in good health, and in proper physical condition to participate in such activity.
2. I acknowledge that if I or the participant(s) believe event conditions are unsafe, he/she will immediately discontinue participation in the activity.
3. I and participant(s) fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, inactions, those actions of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and there may be other risks either not known to me and or participants or not readily foreseeable at this time.
4. I and the participant(s) fully accept and assume all such risks and responsibilities for losses, costs, and damages I and or participant(s) incur as a result of my participating in the activity.

Release and Waiver of Liability

1. I and participant(s) hereby release, discharge, and covenant not to sue Spring into Action, LLC, its respective administrators, directors, agents, officers, volunteers, employees, any sponsors, advertisers, owners and lessors of the premises on which the Activity takes place, (each considered one of the "releases" herein) from liability of claims demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operation.

Indemnity Agreement

1. I and participant(s) future agree that if, despite this release, waiver of liability and assumption of risk I, participant(s), or anyone on my behalf, makes a claim against any of the Releases, I and participant(s) will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage or cost, which any may incur as the result of such claim.

I and participant(s) have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and understand that I and participant(s) have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

And I, as the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity.

Printed Name of Participant

Printed Name of Parent/ Guardian

Signature of Parent/ Gaurdian

Date