

For Office Use Only		
Form Complete _____	ProSchool _____	Acct Charged _____
E-filed _____	Enrolled _____	Payment _____

Dear Client, please complete the following information below. If filling out the form from our website, please print and bring to the Front Desk. Should you need any assistance in completing this form, please contact us @ 281-655-7272 or frontoffice@k2academy.com.

Mom's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ TEXAS Zip \_\_\_\_\_

Home# \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Mom Work # \_\_\_\_\_ Place of Business \_\_\_\_\_

Dad Work# \_\_\_\_\_ Place of Business \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Alternate Contact \_\_\_\_\_

E-mail \_\_\_\_\_

Child's Name _____	DOB _____	Age _____	Gender _____
Are there any medical conditions of which we should be aware (ex. allergies,medications): _____			
Any additional information that may help us serve your child better(ex. ADD or frightened of heights): _____			
Child's Name _____	DOB _____	Age _____	Gender _____
Are there any medical conditions of which we should be aware (ex. allergies,medications): _____			
Any additional information that may help us serve your child better(ex. ADD or frightened of heights): _____			
How did you learn about K2 Academy of Kids Sports? (If word of mouth, from whom?) _____			

**ASSUMPTION OF RISK • WAIVER OF LIABILITY • SAFETY GUIDELINES AND POLICY ACKNOWLEDGMENT • PHOTO RELEASE • MEDICAL AUTHORIZATION**

·I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, and ball sports. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all K2 Academy of Kids Sports programs and activities and I ACCEPT ALL RISKS associated with this participation.

·IN CONSIDERATION FOR MY OR MY CHILD(REN)'S PARTICIPATION, I HEREBY, FOR MYSELF AND MY CHILD(REN) AND OUR RESPECTIVE HEIRS AND SUCESSORS, COVENANT NOT TO SUE AND FOREVER RELEASE K2 ACADEMY OF KIDS SPORTS, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS FROM ALL LIABILITY RESULTING IN DAMAGES OR INJURIES INCURRED AS A RESULT OF PARTICIPATION INCLUDING THOSE RESULTING FROM ACTS OF NEGLIGENCE.

·I understand and acknowledge that it is my responsibility to review and follow the safety guidelines and policies of K2 Academy of Kids Sports. I understand and acknowledge that a statement of K2 Academy of Kids Sports safety guidelines and policies are available from the Front Office or online at [www.k2academy.com](http://www.k2academy.com). As these safety guidelines and policies may be changed from time to time, I further acknowledge my responsibility to review the safety guidelines and policies of K2 Academy of Kids Sports from time to time.

·I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child(ren)'s likeness to be used in K2 Academy of Kids Sports publicity or advertising.

·In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold K2 Academy of Kids Sports and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for K2 Academy of Kids Sports.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and SAFETY GUIDLEINES AND POLICY ACKNOWLEDGEMENT and PHOTO RELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Signature of Parent or Guardian

Date