



Registration Form: K2 Academy & Campus

Guardian Information

1) First Name: _____ Last Name: _____ Relationship _____

Phone Number: _____ Text: Y or No Email _____

2) First Name: _____ Last Name: _____ Relationship _____

Phone Number: _____ Text: Y or No Email _____

Emergency Contact Name _____ Phone _____

Address

Street Address: _____

City _____ State _____ Zip _____

Referral Information/Applicable Discounts

How did you hear about us? _____ Circle if applicable: Active Military Active Teacher

Student 1 Information

First Name: _____ Last Name: _____ DOB: _____

Gender: _____ Allergies: _____

Medical Conditions/Other Info: _____

Student 2 Information

First Name: _____ Last Name: _____ DOB: _____

Gender: _____ Allergies: _____

Medical Conditions/Other Info: _____

Student 3 Information

First Name: _____ Last Name: _____ DOB: _____

Gender: _____ Allergies: _____

Medical Conditions/Other Info: _____

Waiver and Release

I have read and understand the ASSUMPTION OF RISK, WAIVER OF LIABILITY, SAFETY GUIDELINES AND POLICY ACKNOWLEDGEMENT, PHOTO RELEASE and MEDICAL AUTHORIZATION on the back of this form and I VOLUNTARILY affix my name in agreement.

Parent Signature _____ Date _____



**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, ninja sport 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 SUCCESSORS, 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. 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.

For Front Office Use Only

Form Complete _____ iClass _____ Enroll _____ Acct charged _____ Payment _____ ES to TmLdr _____

Notes: