

Back Handspring-Tucking-Twisting (please circle appropriate skills) REGISTRATION AND BLANKET WAIVER

Student's Name _____ Sex _____ Age _____ D.O.B. ____/____/____ Home Phone: _____

Street _____ City _____ State _____ Zip Code _____ Emergency: _____

Are there any medical conditions or allergies we should be aware of? _____

Medical Insurance Co: _____ Policy Number: _____

Mom's Name: _____ Work Phone: _____ Cell Phone: _____

Dad's Name: _____ Work Phone: _____ Cell Phone: _____

Please list any siblings, grandparents, or others who may visit KIDS CO-OP: _____

How did you hear about KIDS CO-OP Developmental Center? _____

If your child were to appear in a group or individual photo taken on our premises are we free to use this photo for advertising purposes (brochure, newspaper, internet, etc.)? Yes No

Emergency Contact Name: _____ Phone Number: _____

CLASS INFORMATION

Back Handspring Clinic: Age of Child: ____ Birth Date: __/__/__ Sat ____ Time: 12:30-2:30pm ____

Cost: Member \$15.00 Non-Member \$20.00

Oct. 10, 2009 Nov. 14, 2009 Dec. 12, 2009 Jan. 9, 2010 Feb. 13, 2010 March 13, 2010 April 10, 2010 May 8, 2010

Please circle Dates that apply

*We will see you at the clinic ... WE CALL ONLY IF THERE IS A PROBLEM WITH A CLASS BEING FULL!

Payment Information

Annual Family Membership Fee.....\$35.00 _____

Tuition (Full payment required) \$ _____

Total Enclosed \$ _____

Payment method: Check: chk # ____ Credit Card: Name _____ Credit Card # _____ Exp. Date ____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

KIDS CO-OP Developmental Center recognizes our obligation to make our students and their parents aware of the risks and hazards associated with sports or activities involving heights and motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and day camps. As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all KIDS CO-OP Developmental Center, Stardust Studios programs, camps and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE KIDS CO-OP Developmental Center including without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents. KIDS CO-OP Developmental Center, its coaches, and or any staff members will not accept responsibility for injuries sustained by any and or all siblings of students and or all other persons observing or participating during the course of a class or open gym.

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold KIDS CO-OP Developmental Center, and its representatives harmless in their execution of this action. Additionally, I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. Additionally,

I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for KIDS CO-OP Developmental Center or StarDust Studio. I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent or Legal Guardian's Signature

Date