



# LIABILITY WAIVER/REGISTRATION FORM

Home Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please indicate who referred you to our facility?  Yellow Pages  Friend  Drive By  Birthday Party  Other \_\_\_\_\_

**INITIAL: \_\_\_\_\_ PHOTOGRAPHS AND VIDEOS:** I give permission for photographs and videos of my child to be used in print or broadcast media or posted on the internet as deemed appropriate for the promotion of any All About Kids Sports Center activities.

**INITIAL: \_\_\_\_\_ PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE**  
I confirm that my child is in good health, and that I have medical insurance on my child and will provide coverage while he/she is enrolled. I hereby authorize simple first aid and consent to any x-ray, exam, and medical or surgical diagnosis that is deemed necessary in case of emergency and **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** for any negligent medical efforts expended on my behalf or on behalf of the minor. 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 All About Kids Sports Center.  
Special Medical Conditions: \_\_\_\_\_

## ASSUMPTION OF RISK, WAIVER OF LIABILITY

As legal guardian of the above named persons, **I RECOGNIZE AND FULLY UNDERSTAND** THAT POTENTIALLY SEVERE INJURIES, INCLUDING PERMANENT PARALYSIS OR DEATH can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, swimming, birthday parties, open gym, etc. In addition, swimming or any activity in or around water can result in brain damage or drowning. These Risks and dangers may be caused by my own or my child's actions, or inactions, the actions or inactions of others participating in the Activity, or the negligence of All About Kids, Inc., AAK Properties, LLC, T2 Properties, LLC, Champion Gymnastics USA, Inc., Power Cheer, Inc., (collectively "All About Kids Sports Center"), officers, directors, shareholders, employees or other representatives, whether paid or volunteer. **BEING FULLY AWARE OF THESE DANGERS AND IN CONSIDERATION** of the minor being permitted to participate in activities at this facility, **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I, or my child, incur as a result of my child's participation in the activities at this facility. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** All About Kids Sports Center, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES, WITHOUT LIMITATIONS, ON THE MINOR'S ACCOUNT OR MINE** caused or alleged to be caused in whole or in part by the negligence of All About Kids Sports Center, its officers, directors, shareholders, employees or agents.

I have read and understand, and will at all times, abide by and have my child abide by rules, regulations and policies as set forth by ALL ABOUT KIDS SPORTS CENTER.

**SIGNATURE:** \_\_\_\_\_ Date signed: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

## PAYMENT POLICIES:

Tuition payments are due upon registration for each class term. (Team tuition is due the first of every month). An annual registration fee of \$25 per student (\$50 per family) is due once a year every 12 months. Class tuition cannot be prorated due to your child's absence - there are no credits or refunds for missed classes. Class students (does not include team members) may make-up missed classes by attending Open Gym/Swim at no charge (maximum of 2 makeups per term - this includes private lessons that are cancelled by the client.) 24 hour notice is required for withdrawal from a class. *There is a 100% money back guarantee – if you are not entirely happy with our programs we will refund 100% of your tuition within the first month, or apply it as a credit towards another program.* A \$25 returned item fee will be assessed for any checks (including check drafts and credit cards processed) returned for non-payment. I hereby agree that I am responsible for all costs incurred for the collection of any delinquent payments, including but not limited to collection/attorney/court costs, etc.