



## Student Registration Form

Registration Information		Acknowledgement & Waiver of Liability
Today's Date:		<p>As a condition for participation in activities offered by <i>USA Aerial Athletics (Schnelzer Enterprises Inc.)</i>, the undersigned hereby acknowledges and agrees as follows:</p> <ol style="list-style-type: none"> <li>1. There are certain risks inherent to participation in gymnastics, cheerleading, tumbling, physical fitness or other related activities, which can result in injury to the participant.</li> <li>2. Participant engages in all activity with full knowledge of the possible risks.</li> <li>3. Participant, participant's parents, siblings, and other family members hereby acknowledge that risks of injury are inherent, and hereby waive on behalf of Participant, themselves, and any minor siblings, their heirs, successors or assigns, any and all claims in tort or for civil liability against <i>USA Aerial Athletics</i> arising from the foreseeable and/or customary risks of the sport or intended activity.</li> <li>4. The undersigned hereby states that Participant has no medical or physical conditions which would prevent Participant from fully participating in all normal and customary activity of the sport, and agrees to immediately notify <i>USA Aerial Athletics</i> in writing if such medical or physical limitation occurs.</li> <li>5. In the event of an absence, the parent or legal guardian of participant must call to notify office. <i>A student is allowed one make up class per session</i></li> </ol>
Student Name:		
Age:		
Birthday:		
Mother's Name:		
Father's Name:		
Address:		
City:		
State:		
ZIP:		
Home Phone:		
Cell:		
Email Address:		
Which class are you enrolling in?	Trial Date:	
Emergency Contact Information		
Name:		
Relationship:		
Phone Number:		
Doctor's Name:		
Doctor's Phone:		
<b>How did you hear about us?</b>	<input type="checkbox"/> Friend ..... <input type="checkbox"/> Magazine Ad ..... <input type="checkbox"/> Internet ..... <input type="checkbox"/> Drive By .....	
Please list any intolerances to drugs or medication:		
Please list any notable illness, injury or conditions:		
<p><i>I fully understand that the USA Aerial Athletics does not employ a medical practitioner of any kind. I hereby release USA Aerial Athletics to render first aid to my child in the event of any injury or illness and if deemed necessary, to call an ambulance, for which I agree to pay.</i></p> <p><b><u>SAFETY:</u></b> <i>I understand that I am responsible for my child's behavior and safety while on the USA Aerial Athletics premises – including parking lots, restrooms, waiting area, etc. I also understand that other unregistered students in my care are not allowed beyond viewing area, or on/ near any gymnastics apparatus.</i></p>		

Signature of Participant  
(If 18 years or older) \_\_\_\_\_

Date: \_\_\_\_\_

Signature of  
Parent/ Guardian \_\_\_\_\_

Date: \_\_\_\_\_