



## **2011-2012 PARTICIPANT REGISTRATION**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

Mother/Guardian Full Name: \_\_\_\_\_ Ph. (Circle - Cell or Home): \_\_\_\_\_

Father/Guardian Full Name: \_\_\_\_\_ Ph. (Circle - Cell or Home): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent E-Mail Address(es) - **REQUIRED**: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Driver Pick-Up List: \_\_\_\_\_

### **MEDICAL INFORMATION**

EXISTING MEDICAL CONDITION(S): \_\_\_\_\_

SURGERIES & DATES: \_\_\_\_\_

MEDICATION(S): \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

MEDICAL INS. COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### **PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT**

In the event of an emergency, accident, or illness, I authorize StyleShock and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical transport and services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read and understand and consent to this Agreement. I/we have also read and fully understand all of the above information and attest that given medical information is correct.

\_\_\_\_\_  
PARENT/ LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/ LEGAL GUARDIAN PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP

**PLEASE RETAIN A COPY OF THIS DOCUMENT  
FOR YOUR RECORDS.**

# ***LITTLE SHOX LIABILITY WAIVER***

**CHILD'S FULL NAME:** \_\_\_\_\_

**ACTIVITY DESCRIPTION: GYMNASTICS ATHLETICS includes but not limited to tumbling, jumping, dancing, exercises/physical activities that are conducted in a class or social setting.**

In consideration of the services of StyleShock, Inc. (hereinafter "StyleShock"), their agents, owners, members, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf, I the undersigned, acknowledge and agree:

I certify that I have passed a physical exam in the past eighteen months and I am in good physical condition and currently am under no restrictions with regard to physical activity. Further, if I am incapacitated, cannot act for myself, I hereby authorize StyleShock and its personnel, to secure transportation and medical services. Furthermore, should emergency rescue, medical services or evacuation become necessary, the expenses are my responsibility and not that of StyleShock.

I understand that gymnastics and dance activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be mitigated to the greatest possible extent by all of the safety equipment and trained coaches, but can never be eliminated. I understand and acknowledge that my failure to use or properly use safety equipment or my failure to follow coach's instructions increases the risk of injury or of not surviving an accident.

I further acknowledge and understand that I am assuming the risk of illness or injury through my participation. I assume all risks and hazards incidental to such participation including transportation to and from activities. I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS StyleShock, their owners, agents, members, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf, WITH RESPECT TO INJURY, DISABILITY, OR DEATH, or loss or damage to person or property WHETHER ARISING FROM NEGLIGENCE OR OTHERWISE, to the fullest extent permitted by law.

I understand that family members, friends and spectators associated with this student are required to remain in the designated viewing area while in the gym and should never be on any equipment. In regards to family, friends and spectators, I ALSO HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS StyleShock, their owners, agents, members, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf, WITH RESPECT TO INJURY, DISABILITY, OR DEATH, or loss or damage to person or property WHETHER ARISING FROM NEGLIGENCE OR OTHERWISE, to the fullest extent permitted by law.

I further grant permission to StyleShock the unrestricted right and permission to copyright, publish and use photos, videos or audio recordings of me made in association with my participation in StyleShock for any use including, but not limited to publications, art, advertisements or promotions.

## **GYM POLICIES**

**ANNUAL FEE:** All students will be charged a \$30.00 registration/anniversary fee to cover their liability in the gym. This fee is good through the end of one calendar year or until the student drops out of the program.

**MAKEUP & DROP PROCEDURE:** Because of our strict student to teacher ratio, missed classes will only result in one make-up classes per month. This must be scheduled in advance and is based on class availability. NO prorated tuition or refunds will be offered. **PARENTS MUST NOTIFY THE GYM TO TERMINATE AUTO-BILLING.** You are responsible for payment for your student's classes WHETHER OR NOT YOUR STUDENT ATTENDS THE SESSION until the time that you notify the staff in writing. Please do not rely on your student to verbally inform the staff that he/she will no longer be attending classes. No refunds will be given for pre-paid classes or missed classes, including scheduled holidays.

**WHAT TO WEAR:** Students should wear appropriate workout attire, i.e. t-shirts & shorts. NO chewing gum or dangling jewelry is permitted. All students should have socks on during class. Students without socks will NOT be allowed to participate, for safety reasons. Personal items should be left in cubbies. Jewelry should not be worn during classes. PLEASE LEAVE JEWELRY ARTICLES AT HOME. StyleShock Cheer & Dance staff will not be responsible for ANY items that may be lost or stolen. Be sure your student's personal items are marked with their name. PLEASE MAKE SURE YOUR STUDENT LEAVES WITH ALL ITEMS THAT THEY ARRIVED WITH. All items left in the gym for more than one week will be taken to Goodwill for donation.

**ARRIVAL AND PICKUP:** Be sure your student arrives at least 5 minutes, but not more than 10 minutes before his/her scheduled class time. Please pick up your student on time. Instruct your student to wait inside the building and upon arrival, please escort them from the building to your car. During peak times the parking lot becomes very crowded. Please take into consideration that our "students" may include young children. Please drive slowly and carefully. Do not take a chance on your student running to and from your car.

***I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily. The venue of any dispute that may arise out of this agreement or otherwise between the parties to which StyleShock or its agents is a party shall be the Circuit Court of the State of Oregon of Washington County, Oregon. This is to certify that I, as the parent/guardian with legal responsibility for this participant student who is a minor, do consent and agree to his/her release and other terms and conditions as provided above for all the Releases.***

\_\_\_\_\_  
PARENT/ LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/ LEGAL GUARDIAN PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP