



REGISTRATION FORM



CHILD'S INFORMATION

Name(s): _____

Date of Birth: _____ Female: _____ Male: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

MOTHER'S INFORMATION

Name: _____ Driver's License Number: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

FATHER'S INFORMATION

Name: _____ Driver's License Number: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

HOW DID YOU HEAR ABOUT US?

Health History

Please check any of the conditions that apply to the history of the applicant:

- Kidney injuries Fainting Muscle/ligament condition Epilepsy Diabetes
 Hearing impairment Heart Condition (disease) Asthma Previous Broken Bones
 Allergies: (please list) _____ Glasses/contacts
 Other: _____
 Is your child currently on any medications? _____

Policy Acknowledgement Agreement

I have read completely and understand the policies and procedures of American Twisters or ICT and agree to abide by such, including but not limited to payment of all fees owed and proper notice of intent to quit (At least 30 days prior to desired day of intent to quit). I understand that should these policies change or be updated, I will be given a copy of the new policies and procedures and will adhere to those as requested.

Athletes Release

Participants, in attending the gym and using the facilities, does so at his/her own risk. The gym operator shall not be liable for any damage arising from personal injuries sustained by participant in or about the premises. Participant assumes full responsibility for any and all injuries and damages which may occur in or about the premises and he/she does hereby fully and forever release and discharge gym operator, all associated gyms, their owners, employees and agents from all claims, demands, damages, rights of action, present or future, resulting from or arising out of participant's use of the gym and/or its facilities. Participation is entirely his or her own choice and with the understanding of risk of accidental injury or death in any activity involving unusual motion or height.

Permission for Medical Treatment

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by American Twisters or ICT staff to attend to my child.

Acknowledgment of Risk and Liability

I hereby consent to the above person(s) participating in the American Twisters or ICT programs, I recognize that potentially severe injuries including but not limited to permanent paralysis or even death can occur in any activity involving height, motion, or impact including gymnastics. I also realize that my child(ren) will be performing and training on all gymnastics events plus various training devices.

I understand that it is the express intent of American Twisters or ICT to provide for the reasonable safety and protection of me/my child(ren) and in consideration for allowing me/my child(ren) to use these facilities, I hereby for myself, heirs, executors and administrators, forever release American Twisters or ICT, its officers, employees, teachers, and coaches all liabilities for any and all damages and injuries suffered by me/my child(ren) while under the instruction, supervision, or control of American Twisters or ICT.

I also certify that me/my child(ren) is/are and will remain covered by an Adequate Accident insurance Program covering me/my child(ren)'s participation in American Twisters or ICT. As legal guardian of the aforementioned person(s), I hereby agree to individually provide for the possible future medical expenses, which may be incurred by me/my child(ren) as a result of any injury sustained while training at or performing for American Twisters or ICT.

Attendance Policy

Attending class regularly is the responsibility of the parent and athlete. You may attend open gym as a courtesy we offer to our customer.

Permission for Video and Photographic use for each athlete:

I hereby give my permission for any video or photographs taken of my child during any activity in which American Twisters is hosting to be used for any advertising or as seen fit by the staff of American Twisters/ICT.

Payment Record and Agreement

I agree to pay all monthly tuition payments/all-star season fees and registration fees in consideration for instruction provided by American Twisters or ICT. In the event that this account becomes delinquent and collection activity becomes necessary, I understand that I will be responsible for any and all attorney fees/court costs or any other monetary fees associated with the collection of the monies owed for my account. I understand that there is a \$30.00 registration fee due yearly which is discounted to \$10.00 for a sibling and will be due each year on August 1st. Monthly tuition is due on the 1st of each month and is considered late after the 7th day in which a \$20.00 late fee is then added. All classes must be paid for regardless of attendance and in the event that I wish to withdraw my child from American Twisters/Infinity Cheer Tennessee, I must provide a written 30-day notice. There will be no refunds for any uncompleted tuition and/or season fees (i.e. Registration, monthly tuition, or all-star fees) for failing to complete the season, and I understand that I am under an obligation to continue to pay for all Registration fees, All-Star fees, and Monthly Tuition if my child is removed voluntarily or involuntarily.

Parent / Guardian Signature

Date