

Action Kids Athletics LLC Registration Form

Student Information:

Last Name: _____ First: _____ M/F DOB _____ Age _____

Address _____
Street City State Zip

Mother: _____ Father: _____

Phone: () _____ Work: () _____

Cell/Emergency: () _____ Email: _____

Medical conditions or allergies to which we should be alerted: _____

How did you learn about Action Kids Athletics? _____

Has anyone in your family previously been enrolled at Action Kids Athletics? _____

Class Information: A confirmation notice will be mailed upon receipt of registration and payment.

1st Choice: Program: _____ Age/Grade _____ Level _____ Day _____ Time _____

2nd Choice: Program: _____ Age/Grade _____ Level _____ Day _____ Time _____

Acknowledgement of Risk and Waiver of Liability

Please Read Before Signing!

I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, fitness, trampoline, cheerleading, dance, ball sports and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Action Kids Athletics LLC programs and accept all risks associated with that participation. **Initial** _____

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 forever release and covenant not to sue Action Kids Athletics LLC, its officers, directors, share holders, employees, volunteers and all others associated with the corporation(s) from all liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision, or control of Action Kids Athletics LLC. **Initial** _____

I also understand that Action Kids Athletics LLC retains the rights to use any photographs, videotapes, motion picture recordings or any other record of events for publicity, advertising, or any legitimate purposes. **Initial** _____

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Action Kids Athletics LLC and it's representatives harmless in the execution of such. I hereby agree to individually provide for all present and possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Action Kids Athletics LLC. **Initial** _____

I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent's Signature _____ Date: _____

Medical Insurance Company: _____

Action Kids Athletics LLC

112 Crawley Falls Road* Brentwood, NH * 03833

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