



Athletics

Birthday Party Waiver

Parent Information:

Mother's Name _____ Father's Name: _____

Address _____ City _____ Zip _____

Primary Home # _____ Cell # _____ Work # _____

Email Address _____

How did you hear about us: Newspaper Road Signs Friend Website

More details or other form of advertising _____

Childs Name _____ DOB _____ Age _____

Please list any physical and/or social conditions that may affect your child's performance in class, or that might be needed in the event of emergency medical attention being required (significant past injuries, allergies, fears, etc.)

Childs Name _____ DOB _____ Age _____

Please list any physical and/or social conditions that may affect your child's performance in class, or that might be needed in the event of emergency medical attention being required (significant past injuries, allergies, fears, etc.)

Club Release and Waiver

WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY

In consideration of A Plus Athletics LLC. accepting myself or my child into participation and/or training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree for myself or as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons, competition meets, birthday parties, open gyms, field trips or any other activities connected with A Plus Athletics. I give my permission to A Plus Athletics LLC and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of myself or my child while under the supervision of A Plus Athletics LLC. In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached. Further, I hereby release and agree to hold harmless and to indemnify A Plus Athletics LLC employees, owners, or volunteers from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family. Speaking for myself, or as a legal guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for participating or for permitting my child to participate in activities at A Plus Athletics LLC.

I have read this release and understand all of its terms. I understand that by signing this release, I am giving up substantial rights. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature: _____ Date Signed: _____

Parent/Guardian Printed Name: _____