

Registration Form

STUDENT'S NAME		Birth date / /	
2 ND STUDENT'S NAME		Birth date / /	
3 RD STUDENT'S NAME		Birth date / /	
Home Address	City	State	Zip
School (s)	Student's Grade	Home Phone ()	
Mother's Name	Occupation	Mother's Phone ()	
Father's Name	Occupation	Father's Phone ()	
Email Address	Alternate Phone# Mother ()	Alternate Phone # Father ()	
Emergency Contact		Emergency Phone ()	

MEDICAL & INSURANCE INFORMATION

Family Health Insurance: COMPANY NAME		Policy #
Medications	Medical Conditions	Allergies

Waiver and Release: AS THE PARENT OR LEGAL GUARDIAN OF THE STUDENT NAMED ABOVE, I UNDERSTAND AND APPRECIATE THE RISKS ASSOCIATED WITH THE SPORT OF TRAMPOLINE AND TUMBLING. I AM FULLY AWARE OF THE RISK OF CATASTROPHIC INJURY, PARALYSIS, AND EVEN DEATH, AS WELL AS OTHER DAMAGES AND LOSSES ASSOCIATED WITH PARTICIPATION IN TRAMPOLINE, TUMBLING, AND/OR OTHER SPORTING EVENTS. I ALSO AGREE THAT AIR SPORTS UNLIMITED, LLC AND ITS AGENTS, OFFICERS, EMPLOYEES, INSTRUCTORS, DIRECTORS, LANDLORD, AND RELATED PERSONEL, SHALL NOT BE LIABLE FOR ANY LOSSES OR DAMAGES OCCURRING AS A RESULT OF PARTICIPATION IN THESE SPORTS.

Student Image Release: FOR PURPOSES OF NEWS, INFORMATION AND PUBLICITY THE UNDERSIGNED GRANTS TO AIR SPORTS UNLIMITED THE A NON-EXCLUSIVE, ROYALTY-FREE LICENSE TO USE PROFESSIONALLY AND SOCIALLY APPROPRIATE INDIVIDUAL OR GROUP IMAGES OF THE ENROLLED STUDENT PARTICIPATING IN TRADITIONAL ACTIVITIES AND PERFORMANCES.

Emergency Medical Release: I HEREBY GIVE MY CONSENT TO AIR SPORTS UNLIMITED, LLC TO PROVIDE OR SECURE EMERGENCY CARE AND TO GIVE AUTHORITY TO ANY HOSPITAL, DOCTOR OR EMERGENCY MEDICAL PERSONEL TO RENDER IMMEDIATE AIDE AS MIGHT BE REQUIRED AT THE TIME FOR HIS OR HER HEALTH AND SAFETY.

Parent/Guardian Verification: BY MY SIGNATURE BELOW, I VERIFY THAT I AM THE LEGAL PARENT OR GUARDIAN OF THE STUDENT IDENTIFIED IN THIS APPLICATION, ACCEPT THE CONDITIONS INCLUDED ABOVE AND PERMIT MY CHILD TO PARTICIPATE IN THE EVENTS PROVIDED BY AIR SPORTS UNLIMITED, LLC.

I HAVE READ AND FULLY UNDERSTAND ALL INFORMATION ABOVE.

SIGNATURE _____ **DATE** _____

How did you hear of us?

- Friend Flyer Other: _____
 Website Walk in Referred by: _____

For Office Use Only:

Class _____ Days _____ Time _____

Registration _____ Tuition Paid _____ Method _____ Month _____