

Huron Physical Arts Center, L.L.C.

INITIAL CLASS REGISTRATION FORM

All parts must be completed and returned before your child attends class

STUDENT INFORMATION (Please print or type)

Name: _____ DOB: _____ Age: _____
Address: _____ City: _____ Zip: _____
Child's home phone: _____ Emergency phone: _____
E'Mail Address: _____ Cell Phone: _____
Mother's Name: _____ Employer: _____
Father's Name: _____ Employer: _____
Health Insurance Name: _____ Subscriber: _____
Are there any medical conditions to which we should be alerted? _____

Is your child taking any medications? If so, list medications with reason for taking medications: _____

Does your child have allergies (list): _____

Any allergies to medications (list): _____

Acknowledgment of Risk and Waiver of Liability:

As legal guardian of _____, I hereby consent to the aforementioned person participating in the Huron Physical Arts Center L.L.C.'s program. I recognize that potentially severe injuries, including permanent paralysis can occur in any activity involving skills of height and motion, including martial arts, dance, gymnastics and related activities including tumbling. I understand that it is the express intent of the School to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release the Huron Physical Arts Center L.L.C., its officers, employees, volunteers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of the Huron Physical Arts Center L.L.C. or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while at, or performing for, the Huron Physical Arts Center, L.L.C.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian Signature: _____ Date: _____

Permission to treat option: I hereby give my permission to Huron Physical Arts Center L.L.C.'s staff members to provide temporary first aid to my child in the event of injury or illness and if deemed necessary to seek trained professionals to administer medical treatment to my child, should sickness or accident occur in my absence.

Parent or Legal Guardian Signature: _____ Date: _____

Photo Image Waiver: I grant permission to Huron Physical Arts Center, L.L.C to use photo or video images of my child as well as my child's name as part of Huron Physical Arts Center L.L.C.'s public marketing campaigns, including print media, broadcast media and Huron Physical Arts Center L.L.C.'s web site.

Parent or Legal Guardian Signature: _____ Date: _____

Print Name: _____

Class: _____ Day: _____ Time: _____ Session: _____

How did you hear about our facility?

Attended a party _____ Newspaper ad _____ Phone book _____ Mailing _____
Outside marquis _____ School Flyer _____ From a friend _____ Website _____

**Huron Physical Arts Center, L.L.C.
XL Spirit L.L.C.**

Joint Waiver of Liability

As legal guardian of _____, I hereby consent to the aforementioned person participating in activities at the property known as Huron Physical Arts Center L.L.C. I understand and consent to the aforementioned person utilizing gymnastic/cheerleading training equipment belonging to either the Huron Physical Arts Center L.L.C. and/or equipment belonging to XL Spirit L.L.C., both of which own equipment at the property known as Huron Physical Arts Center, L.L.C. I recognize that potentially severe injuries, including permanent paralysis, can occur in any activity involving skills of height and motion, including martial arts, dance, gymnastics, cheerleading and related activities of tumbling.

I understand that it is the expressed intent of the Huron Physical Arts Center L.L.C. and XL Spirit L.L.C. to provide for the safety and protection of the aforementioned person, and in consideration of use of the equipment owned by the above mentioned entities, I hereby forever release the Huron Physical Arts Center L.L.C. and XL Spirit L.L.C., their officers, employees, volunteers and coaches from all liability for any and all damages and injuries suffered by the aforementioned person while under the instruction, supervision or control of the Huron Physical Arts Center L.L.C. and/or XL Spirit L.L.C. or their respective employees. Additionally I hereby forever release the Huron Physical Arts Center L.L.C. and XL Spirit L.L.C., their officers, employees, volunteers and coaches from all liability for any and all damages and injuries suffered by the aforementioned person while using equipment owned by either entity.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while at, or performing for, the Huron Physical Arts Center L.L.C. and/or XL Spirit L.L.C.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian Signature: _____ **Date** _____

**Huron Physical Arts Center, L.L.C.
XL Spirit, L.L.C.
1006 Military Street
Port Huron, Michigan 48060**