

# Rising Stars Academy Registration Form

Student Name (1st Child): \_\_\_\_\_

M / F                      Age: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

Student Name (2nd Child): \_\_\_\_\_

M / F                      Age: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

Student Name (3rd Child): \_\_\_\_\_

M / F                      Age: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_                      Emergency Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_                      Father's Name: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_                      Father's Work Phone: \_\_\_\_\_

**Most Reliable e-mail address for child's main residence**  
*(we will be e-mailing newsletters and other important notices periodically)*

***E-mail address:***  
\_\_\_\_\_

### **Parental Photo/Video Usage Waiver**

By signing this waiver box, I agree to allow Rising Stars Academy use and reproduction of photographs and digital images (photo and video) taken of the children listed above for the purposes of marketing, internet marketing, public relations, and promotion. I understand that last names will *NOT* be used of any individuals.

Parent Signature \_\_\_\_\_

*or* \_\_\_\_\_ I would rather my child's image(s) not be used.

Physician's Name: \_\_\_\_\_                      Physician's Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_                      Policy #: \_\_\_\_\_

Are there any medical conditions to which we should be alerted?

\_\_\_\_\_

How did you learn about Rising Stars Academy? \_\_\_\_\_

## **Acknowledgement**

*As parent or legal guardian, I understand that registration in Rising Stars Academy is dependant upon acceptance of the terms set forth on the Participation Agreement on the **reverse side** of this form.*

\_\_\_\_\_  
*(Signature of Parent or Legal Guardian)*

\_\_\_\_\_  
*(Today's Date)*

# Rising Stars Academy Participation Agreement

Rising Stars Academy recognizing it is our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling, trampoline, and cheerleading. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, trampoline and cheerleading can be dangerous and can lead to injury! While Rising Stars Academy maintains safety rules, it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction.

Therefore, in consideration of my child's membership in Rising Stars Academy and my child's participation in Rising Stars Academy classes, events, and activities, I (parent), \_\_\_\_\_ agree to be bound by the following:

- Eligibility:** I agree to comply with the rules of Rising Stars Academy.
- Readiness to Participate:** My child will only participate in those Rising Stars Academy classes, events, competitions and activities for which I believe he/she is physically and psychologically prepared.
- Medical Attention:** I hereby give my consent to Rising Stars Academy Inc. to provide through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.
- Waiver and Release:** I am fully aware and understand that participation in the programs at Rising Stars Academy involve motion, rotation, and height in a unique environment which carries a risk of injury, including catastrophic injury, paralysis, and death, as well as other damages or losses associated with participation in gymnastics and other physical activities.  
I further agree that Rising Stars Academy Inc., along with the employees, agents, officers, and directors of this organization shall not be liable for any losses or damages occurring as a result of my child's participation in the event, except where such loss or damage is a result of willful, wanton, or reckless conduct of one of the organizations or individuals identified above.
- Medical Insurance:** I agree and understand that as a participant in Rising Stars Academy my child must be covered by a health/medical insurance obtained by myself. I represent that I and my child are covered by a primary health/medical/accident insurance through: \_\_\_\_\_. I further understand that Rising Stars Academy maintains insurance that is only secondary in nature for the purpose of covering claims not covered by my own primary insurance. I understand that this insurance does not cover co-payments or deductibles and that Rising Stars Academy and/or their insurer will not be liable to reimburse me for any co-payment or deductible.
- Severability:** In the event that any section or portion of this agreement shall be invalidated by legal declaration, it shall have no affect on the validity and legality of any other portion or section of this agreement not invalidated.

## Acknowledgement

I, \_\_\_\_\_, Give permission for \_\_\_\_\_ to participate in gymnastic activity at Rising Stars Academy.

As a parent or legal guardian, I hereby verify by my signature below that I fully understand and accept each of the above conditions, have reviewed the individual eligibility rules, and I am fully aware that with the participation in gymnastics, tumbling, trampoline, and cheerleading comes the risk of injury to my child/ward. I understand the degree of danger and seriousness of risk of injury and assume responsibility for discussing such dangers with my child. I certify that my child has sufficient insurance to cover any injury sustained during participation in Rising Stars Academy events and therefore agree hold harmless Rising Stars Academy for any such injury.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)