

**REGISTRATION AND RELEASE FORM**

(This form must be filled out completely)

DATE \_\_\_\_\_

**ATHLETE INFORMATION**

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age on 8/31/16 \_\_\_\_\_  
Athlete's Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Athlete's Home Phone # \_\_\_\_\_ Athlete's Cell # \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Athlete's E-mail \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION*****MOTHER'S INFO***

Mother's Name \_\_\_\_\_ Mother's E-mail \_\_\_\_\_  
Mother's Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

***FATHER'S INFO***

Father's Name \_\_\_\_\_ Father's E-mail \_\_\_\_\_  
Father's Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Father's Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**MEDICAL INFORMATION**

Athlete's Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Name of Subscriber \_\_\_\_\_ Policy # \_\_\_\_\_  
Allergies/medical condition \_\_\_\_\_

**Legend Athletics Rules & Policies, Release and Waiver of Liability and Indemnity Agreement**

In consideration of membership in Legend Athletics Gymnastics and Cheerleading and being allowed to participate in Legend Athletics gymnastics, cheerleading events, and/or member club activities, each participant named agrees as follows:

1. The participants and/or parent or guardian is instructed that prior to participating in any Legend Athletics Gymnastics or Cheerleading event and/or member club activity and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant and/or parent or guardian shall carefully review and follow all Legend Athletics Gymnastics and Cheerleading Safety Guidelines.
3. Participant and/or parent or guardian fully understands and acknowledges that: (a) There are risks and dangers associated with participation in gymnastics activities and cheerleading events, including but not limited to those of bodily injury, partial and/or total disability, paralysis and death; (b) the social and economic losses and/or damages, which could result from those risks and dangers could be severe; (c) These risks and dangers may be caused by the negligence of participant or the negligence of others, including but not limited to "the Release's" named above; (d) There may be other risks not known to us or are not reasonably foreseeable at this time.
4. Participant and/or parent or guardian accepts and assumes such risks and responsibilities for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of "Release's" named above.
5. Participant and/or parent or guardian hereby releases, waives, discharges and covenants not to sue Legend Athletics Gymnastics and Cheerleading, its members, event host, other participants, coaches, instructors, officials, sponsors, volunteers, advertisers, owners and lessees of the premises used to conduct the event and each of them, their officers, directors, agents and employees, all of which are referred to as "Release's" from all liability to the undersigned my/our personal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any bodily injury, including but not limited to death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the "Release's" or otherwise.
6. It is agreed that the Waiver and Release Agreement covers each and every activity sponsored by Legend Athletics Gymnastics and Cheerleading and/or its member clubs and "Release's" are released as to each and every activity and event.
7. At times photographs and videos will be taken during practices, events, gym sessions, birthday parties and other activities. By signing below, I agree that Legend Athletics, shall retain all rights to use for publicity and/or advertising purposes any and all photographs and/or videos of participants taken at any/all events or activities that may include my child.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Phone

