



TUMBLING REGISTRATION & EMERGENCY RELEASE FORM

ATHLETE INFORMATION:

Athlete's Name _____ Birth Date _____ Age _____
Athlete's Full Address _____ City _____ State _____ Zip _____

BILLING INFORMATION:

Responsible Party's Name _____ Responsible Party's Phone _____
Responsible Party's Full Address _____ City _____ State _____ Zip _____
Responsible Party's Email Address ***REQUIRED*** _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION: (Please write "Same" if same as athlete listed above)

Mother's Name _____ Mother's Best Phone # _____
Mother's Full Address _____ City _____ State _____ Zip _____

Father's Name _____ Father's Best Phone # _____
Father's Full Address _____ City _____ State _____ Zip _____

SECONDARY EMERGENCY CONTACT INFORMATION: (For use after attempt to contact parents/guardians above)

Name _____ Relationship to Athlete _____ Best Phone # _____

MEDICAL INFORMATION:

Athlete's Physician _____ Phone # _____
Insurance Company _____ Name of Subscriber _____ Policy # _____

Known Allergies/Medical Conditions: _____

I give permission for my child to be given the following medication(s) while at the gym: Tylenol ___ Advil ___ Benadryl ___

Medical Release and Liability Waiver

I, certify that _____ is physically capable and able to fulfill requirements needed to participate in all aspects of the NEW YORK ICONS (hereinafter referred to as "ICONS") program and hereby give consent for him/her to participate in all aspects of ICONS's program. I Hereby release, discharge, hold harmless, covenant to indemnify and not to sue ICONS, it's directors, officers, employees, coaches, volunteers, managers, agents, sponsors, shareholders, and any associated personnel, from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the participant as a result of participation in ICONS program(s) and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. This release includes any claims of negligence, and is intended to be as broad as is permissible under New York State Law.

Statement of Hazards of Participating in Athletic/Cheerleading/Tumbling

I, the undersigned participant and parent/legal guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve serious risk of injury, including but not limited to, death, serious neck, head and spinal injuries which may result in complete or partial paralysis; brain damage; serious injury to virtually all internal organs; muscular skeletal system; and serious injury or impairment to other aspects of the body , general health and well-being and any other unknown risks not reasonably foreseeable at this time. I assume all the foregoing risk and accept financial responsibility for the damages following any such injury.

Medical Treatment Release

If a medical emergency should arise during my child's participation with NEW YORK ICONS (hereinafter referred to as "ICONS") at a time when I am not personally present so as to be consulted regarding his/her care; I hereby authorize any agent of ICONS, on my behalf to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment including hospitalization, which ICONS deems advisable in order to protect his/her health and well-being and I agree to be financially responsible for the cost of such assistance and/or treatment

Parent/Guardian Signature & Date

Cheerleader Signature & Date (if over 18)



TUMBLING TERMS AND MEDIA RELEASE AGREEMENT

This agreement is made and entered into this _____ day of _____, 2017, between New York Icons South and _____ ("Responsible Party"). The Responsible Party, as parent/guardian of _____ ("Athlete") hereby agrees and assumes full responsibility as follows:

- I understand that in addition to the class/private lesson fee, there is a \$25 registration fee is due at the time of registration for all classes/private lessons. The maximum registration fee for a family is \$25.00.
- I understand that all fees are due in full at the first class of the month. I understand that all fees are non-refundable unless there is serious injury or illness that prevents the athlete from completing the class session.
- I understand that \$30 will be charged to my account for any returned checks or insufficient funds and that if I do not pay by the second class of the month, I could be charged a late fee. I understand and agree that if my account becomes delinquent, NY Icons South reserves the right to send my account to a collection agency and I will be liable for any and all fees associated with the collection of the account, including attorney's fees.
- I understand that for safety, all athletes should wear athletic shirts, shorts, socks and sneakers. No jewelry may be worn and long hair should be tied back. Also, there will be no Food, Gym, Candy, etc. are allowed in the practice area. WATER ONLY!
- I understand that only registered athletes are allowed in the practice area and that classes are closed to parents, friends, family members, etc. unless you are asked to attend by a coach.
- I understand that if I miss a class, I may make it up at my request as long as I attend another class that is my level within the same month's session and that I am approved to do so by the instructor prior to the class.
- I understand and agree to give permission for NY Icons to take and use photographs of my athlete, with or without names, in connection to publications, advertisements, social media, or any other lawful purpose.

Private Lessons Only:

- I understand that instructors can set their own fees for private lessons and that they are CASH ONLY made payable directly to my instructor.
- I understand that there is a HIGH DEMAND for private lessons so I MUST cancel 12 hours prior to the scheduled time. If this cancellation policy is not followed, I will be required to pay for the missed lesson. Accordingly, I understand that if my instructor does not follow this cancellation policy, they are required to provide one additional lesson to my child at no cost.
- I understand that the gym will make all reasonable attempts to open, however, if they must close, a decision will be made by 3pm and I will be notified. The cancellation policy as discussed above will be null and void in this situation.
- I understand that Private lessons can be split between two children maximum and that my child is not allowed to do a private lesson alone with the instructor. I understand that a parent/guardian is REQUIRED to stay for the entirety of private lesson.

I understand that this contract is valid for one year from the date it is signed and for all months during that year that I attend tumbling classes and/or private lessons.

Responsible Party – Print Name

Responsible Party – Signature & Date

Cheerleaders Name – Print Name

Cheerleaders Signature (if 18 or over)