2017-2018 Bullitt County Cheer & Dance Company, LLC/DBA GymTyme South Registration and Release

PLEASE PRINT

Contact & Billing Information	<u>1:</u>	Athlete(s) Information:	
Primary guardian'sfull name:		Name (first and last):	
Relationship to Child:		D.O.B/Age:	
Home phone:	Cell:	M/F:Cell Phone:	
Home Address:		Lives with: Primary Secondary Both Other	
City:	St:Zip:	Class Attending or Team:	
*Email Address:			
*IMPORTANT! We email:	all of our billing statements	Name (first and last):	
		D.O.B/Age:	
Secondary guardian's full nam	ne·	M/F: Cell Phone:	
Relationship to Child:		Lives with: Primary Secondary Both Other	
Home Phone:		Class Attending or Team:	
Home Address:			
City:	St:Zip:	Name (first and last):	
*Email Address:		D.O.B/Age:	
*IMPORTANT! We email all of our billing statements		M/F: Cell Phone:	
		Lives with: Primary Secondary Both Other	
		Class Attending or Team:	
Emergency Contacts (other th	an parent or guardian):		
Name:	Relationship:	Phone #:	
Name:	Relationship:	Phone #:	
Athlete(s) Medical Insurance	Information:		
Carrier:Policy #:			
Group #:	Company Phone #:	Primary cardholder:	
This information is the same f	For all of my athletes: (please of	zircle) YES NO	

If no, attach a separate form with the additional insurance information.

Release of Liability, Assumption of Risk & Social Media Consent

I,, hereby cer	tify that I am the	parent or legal guardian of	who
is/are under the age of eighteen. As the I hereby, agree to release and hold Bullowners, agents, officers, directors, share, harmless from any liability, claim, injudy related to cheerleading, dance or gindemnify and hold harmless The Gym	e parent or legal g litt County Cheer reholders, instruct jury, damage, loss gymnastics instruc	& Dance Company, LLC/DBA GymT cors and employees (collectively referred or cause of action which may result faction and the use of the facility and its	nembership granted herein, Tyme South, as well as its ed to herein as "The Gym") com participation in any equipment. I agree to
I understand there are inherent risks as be involved, including but not limited strained muscles, sprains and broken be certify that my child is in good physical knowledge of any condition, physical oprograms. I agree that The Gym has nathlete(s) as it relates to his/her/their almy certification to them that I have obscompetent medical professionals.	to sudden changes ones. I have freel al condition and is or mental, which we o ability to independently to tolerate the	in blood pressure, irregularities of healy, knowingly and voluntarily undertakes able to utilize The Gym's equipment awould prevent or limit my athlete(s) from the proposed programs. I understand the	artbeat, dizziness, fainting, ten these programs and and facility. I have no om participating in these cal condition of my at the Gym is relying upon
If I ever have reason to believe that my specific concerns and the timeframe for to keep the current emergency contact	r which any limita	ations shall need to be in place for my	••
I further release and agree to hold harm any obvious defects in the premises, in understand all terms of this Membersh	cluding but not lin	mited to The Gym, parking areas, com	mon areas and walkways.
Throughout the season, athletes may be skills and to promote GymTyme South For example, athletes may be featured website and other types of media.	and their achieve	ements.	
I, as the parent or guardian ofcoaches, permission to print, photograph and printed media. I further release and that assists with GymTyme South from I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the Media Control of the I certify that I have read the I certify that I have read the I certify that I have read the I certify the I certification the I certificatio	ph, and record my I relieve GymTyn n any liabilities, kn	child for use in audio, video, film, or ne South, its Board members, coaches, nown or unknown, arising out of the us	any other electronic, digital and other representative se of this material.
Parent/ Legal Guardian Signature	Date	Witness Signature	Date
I, (student and Assumption of Risk.	lent's name), her	reby agree to the provisions of the a	bove Release of Liability
Student signature		_Date:	
		Office Use Only!	
Registration Date: //Mer	nbership #:	Entered By:	