

Action Athletics, Inc.

FAMILY INFORMATION FORM

Athlete's Name: _____ Birth date: ____/____/____ Age on 8/31/10: _____

Email: _____ Cell Phone: (_____) _____ 2010-11 School: _____

Athlete's Name: _____ Birth date: ____/____/____ Age on 8/31/10: _____

Email: _____ Cell Phone: (_____) _____ 2010-11 School: _____

Athlete's Name: _____ Birth date: ____/____/____ Age on 8/31/10: _____

Email: _____ Cell Phone: (_____) _____ 2010-11 School: _____

Street Address: _____ Home Phone: (_____) _____

City/State/Zip: _____

How did you hear about Action Athletics Cheer & Dance? _____

Who is responsible for payments? _____

Mother's Name: _____ Father's Name: _____

Mother's Employment: _____ Father's Employment: _____

Mother's Work #: (_____) _____ Father's Work #: (_____) _____

Mother's Cell #: (_____) _____ Father's Cell #: (_____) _____

Mother's Email: _____ Father's Email: _____

Emergency Contact: _____ Emergency Phone: (_____) _____

Medical Information

Doctor's Name: _____ Phone: (_____) _____

Insurance Co.: _____ Policy/Group #: _____

Known Allergies: _____ Medications: _____

Previous illness, condition, or injury: _____

Additional Comments: _____

SEE REVERSE SIDE & COMPLETE



ACTION ATHLETICS, INC. RELEASE OF LIABILITY/PHOTO RELEASE

In consideration of _____, being allowed to participate in any way in the ACTION ATHLETICS, INC. program, related events, classes, and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injuries from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. For MYSELF, SPOUSE, AND CHILD, I knowingly and freely assume all risks, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my or my child's participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe an unusual significant concern in my own or my child's readiness for participation and/or in the program itself, I will remove myself or my child from participation and bring such attention to the nearest official immediately; and
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assignees, personal representatives and the next of kin, HEREBY RELEASE ACTION ATHLETICS, INC., its officers, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), from ALL LIABILITY WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property incident to my or my child's involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assignees, personal representatives and the next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
6. Action Athletics, Inc. and its affiliates have my permission to use photographs, video recordings, and voice recordings of my child, for whom I have legal guardianship. This consent includes the storage, retrieval and reproduction of information, images, photographs, videos, and audio recordings. The tapes, negatives, and digital media from which images and sound recordings are made shall be the property of Action Athletics, Inc. who shall have the right to publish, reproduce, distribute, and make other uses free of all claims on my part.

THIS FORM DOES NOT EXPIRE

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed ____/____/____
Parent or Guardian Signature (if under 18)