



*Intensity All Star Gym*  
Registration / Release Form

Athlete Name: \_\_\_\_\_ Birth Date (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Middle init.) (Last)

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

City, State, Zip: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Main Phone: (\_\_\_\_) \_\_\_\_\_ Mother Cell: (\_\_\_\_) \_\_\_\_\_

Father Cell: (\_\_\_\_) \_\_\_\_\_ Athlete Cell: (\_\_\_\_) \_\_\_\_\_

Main email: \_\_\_\_\_@\_\_\_\_\_

2nd email: \_\_\_\_\_@\_\_\_\_\_

Primary Physician: \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Please list any known allergies or medical conditions: \_\_\_\_\_

Who referred you to Intensity All Star Gym? \_\_\_\_\_

**Authorization, Release, and other legal stuff.**

I authorize Intensity All Star Gym and its representatives to consent to medical treatment for me or my child when I cannot be reached to so consent. I also give Intensity All Stars and its representatives consent to administer the necessary emergency care to stabilize and/or improve the current injury or condition that I or my child may have sustained during activities related to Intensity All Star Gym instruction, practices, or performances. No prior determination of life threatening emergency or danger of serious permanent injury resulting from treatment need be made under this authorization. Exceptions to this authorization are as follows:

I am fully aware that any activity involving motion, height, or athletic activities creates the possibility of serious injury, and I further agree to hold Intensity All Stars and its staff, officers, or representatives **harmless** for any injury or resulting expense(s). I release and discharge all rights and claims against Intensity All Star Gym and its parties. Intensity All Star Gym strives to provide a maximum in safety procedures and guidelines, and cannot assume responsibility for any accidents, injury, or illness that may occur. Intensity All Star Gym highly recommends that all athletes have their own health insurance coverage to help cover costs of any injury/illness.

I authorize Intensity All Star Gym to use photographs, video, and/or other likenesses of myself or my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto. I have read, understand, and agree to the Intensity All Star Gym financial policies. (Copies are generally available at the front desk or online.) I believe all of the information above to be complete and correct.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Athlete signature if 18 or older)