

How did you hear about us \_\_\_ Word of Mouth \_\_\_ Radio \_\_\_ Birthday Party \_\_\_ Internet Search \_\_\_ Facebook  
 \_\_\_ Drive By Location \_\_\_ Other **Referred by (Name)** \_\_\_\_\_

STUDENT'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT RESIDES WITH \_\_\_ Mother \_\_\_ Father \_\_\_ Both Parents \_\_\_ Guardian \_\_\_ Other \_\_\_\_\_

MOTHER/GUARDIAN NAME \_\_\_\_\_ WK # \_\_\_\_\_ HOME# \_\_\_\_\_ PAGER OR CELL PHONE # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SS# \_\_\_\_\_

FATHER/GUARDIAN NAME \_\_\_\_\_ WK # \_\_\_\_\_ HOME# \_\_\_\_\_ PAGER OR CELL PHONE # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SS# \_\_\_\_\_

PERSON TO CONTACT IN EMERGENCY IF YOU CANNOT BE LOCATED: \_\_\_\_\_  
 NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

**ADDITIONAL EMERGENCY INFORMATION ON REVERSE**

EMAIL (to receive gym information) \_\_\_\_\_

MONTHLY RATE: \_\_\_\_\_ 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> child

**SIGN BACK**

MONTH	DAY (S)/ CLASS	TIME	AMT. PAID	DATE PAID	CASH / CHECK #/CC	NOTES:

**30 DAY DROP NOTICE:**

A written notice of withdrawal to the office (not the instructor) is required 30 days in advance of withdrawing a student from our class program. Payment is required at that time through final date of withdrawal.

Parent Signature \_\_\_\_\_

**ACROSPORTS (GO HARD, INC)  
RELEASE OF LIABILITY AND NOTIFICATION OF RISK**

**IN CONSIDERATION** of allowing the named student to enroll in ACROSPORTS (GO HARD, INC), and the use by the student of the premises and property of said school, the undersigned, being the legal acting guardian of the student, acting for themselves and on behalf of the student, acting for themselves and on behalf of the student, release and hold harmless ACROSPORTS (GO HARD, INC) its owners, officers, employees, agents of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the student and/or the undersigned, while in, on or upon the premises upon which the school is conducted, or any premises under the control and supervision of ACROSPORTS (GO HARD INC) its owners, officers, employees, and agents.

**ASSUMPTION OF RISK**—participation in GYMNASTICS, TUMBLEBEARS, CHEER TUMBLING AND PRIVATE LESSONS involves motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the student elect voluntarily to enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time that the student of the undersigned is upon said premises. The undersigned and the student voluntarily assume all risks of loss, damage or injury that may be sustained by the student or the undersigned or any property owned by them, while in, on or upon said premises described above.

The corporation may, but shall not be obligated to carry insurance on the student and the existence of insurance shall not change, alter or increase the liability of the corporation to the student and the undersigned or affect the terms of this RELEASE.

If suit is brought regarding such sum to the prevailing party, the losing party agrees to pay such sum to the prevailing party as the court may award as attorney's fees, and appeal them there from. Payee agrees to pay the reasonable collection costs and ACROSPORTS (GO HARD, INC) .

**IN SIGNING THIS RELEASE, THE UNDERSIGNED ACKNOWLEDGES: a) that he or she has read the RELEASE, and signs voluntarily and, b) that the undersigned signing as Legal Guardian is in fact the true legal guardian and has the consent of the student.**

**MEDICAL EMERGENCY:** The undersigned gives permission for ACROSPORTS (GO HARD, INC) owners, officers, or employees to seek emergency medical treatment for the student in the event they are unable to reach the parent or guardian.

STUDENT NAME (PRINT) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_ Family Insurance \_\_\_\_\_

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