



# Clinic Registration Form

- Early Reg. 4/20/09.....1 week=\$20, 2 weeks=\$25
- After 4/20/09.....1 week=\$30, 2 weeks=\$35
- Storm Member.....\$10

**OFFICE USE ONLY**

Date Paid: \_\_\_\_\_

Initials: \_\_\_\_\_

athlete's name \_\_\_\_\_

sex \_\_\_\_\_

dob \_\_\_\_\_

age on 8/31/09 \_\_\_\_\_

mom's name \_\_\_\_\_

cell # \_\_\_\_\_

email \_\_\_\_\_

dad's name \_\_\_\_\_

cell # \_\_\_\_\_

email \_\_\_\_\_

home address \_\_\_\_\_

home phone \_\_\_\_\_

emergency contact \_\_\_\_\_

emergency phone \_\_\_\_\_

**ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION • PHOTO RELEASE**

(1) I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, swimming and diving. In addition I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in certain activities including but not limited to day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Queen City Gymnastics Center, Inc., dba Kids First Sports Center and affiliated entities ("Kids First") or Ronnie Grandison Basketball Academy, RG Basketball and affiliated entities ("RG Basketball") programs and activities and I ACCEPT ALL RISKS associated with such participation.

(2) In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Kids First, RG Basketball, their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from acts of negligence.

(3) In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Kids First or RG Basketball and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Kids First or RG Basketball.

(4) I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Kids First or RG Basketball publicity or advertising.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTO RELEASE and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN's signature \_\_\_\_\_ Date \_\_\_\_\_

