

Registration

For Term: _____

Student Information

Name _____ Sex ____ Age _____ DOB ____ / ____ / ____ Home () _____
 Name _____ Sex ____ Age _____ DOB ____ / ____ / ____ Mom Cell () _____
 Address _____ City _____ State _____ Zip _____ Dad Cell () _____
 Mom's Email _____ Dad's Email _____ Student's Email _____
 Medical conditions or allergies to which we should be alerted _____
 Mom's Name: _____ Place of Business: _____ Occupation: _____ Phone: _____
 Dad's Name: _____ Place of Business: _____ Occupation: _____ Phone: _____
 How did you learn about Kids First Sports Center? (If word of mouth, from whom?) _____
 Has anyone in your family previously been enrolled at Kids First Sports Center? Yes No If yes, approximate date/year: ____

Class Information

1st choice *..... Program: _____ Age/grade _____ Level (if applicable): _____ Day: _____ Time: _____*
 2nd choice *.... Program: _____ Age/grade _____ Level (if applicable): _____ Day: _____ Time: _____*
 1st choice *..... Program: _____ Age/grade _____ Level (if applicable): _____ Day: _____ Time: _____*
 2nd choice *.... Program: _____ Age/grade _____ Level (if applicable): _____ Day: _____ Time: _____*

***NO NEWS IS GOOD NEWS!...WE CALL ONLY IF THERE IS DIFFICULTY SUPPLYING YOUR FIRST CLASS CHOICE!**

Payment Information

Annual Family Administration fee - \$35.00 (unless paid within the last 12 months)..... \$ _____
 Tuition (Full payment required. Payment fully refundable if your 1st class choice is not available)\$ _____
 TOTAL ENCLOSED..... Check Credit Card \$ _____ (Chk # _____)
 Name on credit card: _____
 Card Number: _____ Exp. Date _____
 Signature: _____



www.kidsfirstsports.com

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

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, rock climbing and swimming can result in severe injuries, permanent paralysis, brain damage, or even death. I am also aware that participation in some activities such as day camp involves transportation to and from field trips, which carries the risk of injury or death by vehicular accident.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE, Queen City Gymnastics Center, Inc., dba Kids First Sports Center, Ronnie Grandison Basketball Academy, LLC, RG Basketball, each of their respective officers, directors, shareholders, employees, contractors, invitees, licensees and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If, despite this agreement, I or any third party on my behalf makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold you harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you.

I have read and understand this Assumption of Risk, Waiver of Liability, Medical Authorization and Photo Release.

PARENT OR LEGAL GUARDIAN's signature _____ Date _____