

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: _____



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 _____