



ANNUAL GYM REGISTRATION FORM

Today's Date:		Season: May 1, 2018 – April 30, 2019		
Athlete Information				
Last Name:	First Name:	Date of Birth (MM/DD/YYYY):	Today's Age:	
Address (Street, City, State, ZIP):				
Athlete Email (N/A if none):	Athlete Cell Phone (N/A if none): ()	Home Phone (N/A if none): ()		
Mother/Guardian Name (First & Last):	Mother/Guardian Email:	Mother/Guardian Cell Phone: ()		
Father/Guardian Name (First & Last):	Father/Guardian Email:	Father/Guardian Cell Phone: ()		
Class/Program Registration				
Please check the type of program/class(es) you are registering for:		Staff Only: \$30 Annual Gym Fee PAID		
<input type="checkbox"/> All-Star Cheer (Prep & Club) – includes tumbling for all athletes and stretching for flyers				
<input type="checkbox"/> Rec Cheer				
<input type="checkbox"/> Tumbling Class		Staff Only:	Beginner	Intermediate
<input type="checkbox"/> Stretching/Flexibility Class				
<input type="checkbox"/> Jumps Class				
Tumbling Skills – Athlete/Parent Checklist				
<i>For tumbling class registration ONLY (not athletes on all-star cheer teams): Please check each tumbling skill your athlete can perform on the floor, by themselves, without a spot.</i>				
<input type="checkbox"/>	None, we are new to tumbling	<input type="checkbox"/>	Punchfront	
<input type="checkbox"/>	Cartwheel	<input type="checkbox"/>	Series BHS	
<input type="checkbox"/>	Roundoff	<input type="checkbox"/>	Standing Tuck	
<input type="checkbox"/>	Backbend/Kickover	<input type="checkbox"/>	BHS Tuck	
<input type="checkbox"/>	Backwalkover	<input type="checkbox"/>	Series BHS Tuck	
<input type="checkbox"/>	Frontwalkover	<input type="checkbox"/>	Series BHS Layout	
<input type="checkbox"/>	Backhandspring (BHS)	<input type="checkbox"/>	Any Twisting Skills	
<input type="checkbox"/>	Fronthandspring	<input type="checkbox"/>		

Medical History/Information

Please indicate if your athlete has any of the following medical conditions:

Yes	No	Asthma	Yes	No	Medicine Allergy
Yes	No	Diabetes	Yes	No	Food Allergy
Yes	No	Heart Condition	Yes	No	Insect Sting Allergy

Please describe any condition for which you checked "Yes" above and also disclose any additional physical/psychological limitations, injury, or weakness, that may affect athlete's participation:

Health Insurance

Insurance Carrier Name:	Policy #:	Group #:
Subscriber's Name:	Subscriber's DOB (MM/DD/YYYY):	
Subscriber Relationship to Athlete:		

In Case of Emergency

If the mother/father/guardian listed on this form are unable to be reached, I authorize the following contacts be notified in the event of an emergency:

Emergency Contact Name:	Phone Number: ()	Relationship to Athlete:
Emergency Contact Name:	Phone Number: ()	Relationship to Athlete:

In the event of an emergency occurring while my child is at a ROYALTY ELITE practice, class, performance, competition, event or trip, I hereby consent to allow my child to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness resulting from or arising out of my child's participation. In the event that I cannot be reached, I hereby authorize ROYALTY ELITE and/or its employees to give consent for my child named on this form to receive medical treatment.

Parent/Guardian Signature	Date
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If you do NOT grant permission or authorization for consent to medical treatment, what procedure should be followed?

Photography/Media Release

I hereby authorize ROYALTY ELITE to publish photographs taken of my minor child listed on this form for use in ROYALTY ELITE's print, online (including all social media), and video-based marketing materials, as well as other ROYALTY ELITE publications. I hereby release and hold harmless ROYALTY ELITE from any reasonable expectation of privacy or confidentiality for myself or the minor child listed below associated with the images specified above. Further, I attest that I am a parent or legal guardian of the child listed on this form and that I have full authority to consent and authorize ROYALTY ELITE to use their likeness. I further acknowledge that participation is voluntary and that neither I, or the minor child, will receive financial compensation of any type associated with the taking or publication of these photographs or of said photos/images/videos and I claim no rights of ownership or royalties, whatsoever. I hereby release ROYALTY ELITE, its contractors, its employees and any third parties involved in the creation or publication of ROYALTY ELITE's publications, from liability for any claims by me or any third party relating to my participation or the participation of the minor child listed on this form.

Parent/Guardian Signature	Date
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Parent/Guardian Printed Name



Royalty Elite, L.L.C., WAIVER AND RELEASE OF LIABILITY

I, _____, hereby certify that I am the parent or legal guardian of _____ (“athlete”) who is under the age of eighteen. As the parent or legal guardian, and in consideration for the membership granted herein, including the use of the facilities, I hereby forever waive, release, discharge and relinquish all claims against Royalty Elite, L.L.C., as well as its owners, agents, officers, directors, shareholders, instructors and employees (collectively referred to herein as “The Gym”), from any liability, claim, injury, death, damage, loss regardless of severity, or cause of action which may result from participation in any way related to cheerleading, dance or gymnastics instruction and the use of the facility and its equipment. I agree to indemnify and hold harmless The Gym from all Third-Party Claims against it relating to my child/athlete.

I understand there are inherent risks associated with the cheerleading, dance or gymnastics programs in which athlete proposes to be involved, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the floors, mats, pits, and other safety equipment and apparatus(es) provided for athlete’s protections, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all the safety equipment and trained coaches, but never eliminated. Athlete understands that participation in cheerleading, gymnastics, and related activities incidental to active participation in cheerleading and gymnastics, including moving from event to event, conditioning, stretching, and other activities which may leave athlete vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in The Gym. Athlete is voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. Further, athlete has freely, knowingly and voluntarily undertaken these programs and I certify that my child is in good physical condition and is able to utilize The Gym’s equipment and facility. I have no knowledge of any condition, physical or mental, which would prevent or limit athlete(s) from participating in these programs. I agree that The Gym has no ability to independently investigate the health or physical condition of athlete(s) as it relates to his/her/their ability to tolerate the proposed programs. I understand that The Gym is relying upon my certification to them that I have obtained appropriate clearance for my athlete(s) to engage in such programs from competent medical professionals.

If I ever have reason to believe that athlete is not in good physical condition, I will notify The Gym in writing with my specific concerns and the timeframe for which any limitations shall need to be in place for athlete. I will be sure to keep athlete’s current emergency contact information on file with The Gym at all times.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Indiana and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Indiana.

I further release and agree to hold harmless the owner and operator of the real estate where such training will occur from any obvious defects in the premises, including but not limited to The Gym, parking areas, common areas and walkways. I have read and fully understand all terms of this waiver and release of liability and have had the opportunity to ask questions before signing. I agree to the terms of this waiver and release of liability in its entirety.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Athlete Name _____

Address _____ City _____ State _____ Zip _____