

Sports CLUB Center Gymnastics Enrollment Application
3275 PINE RIDGE RD. NAPLES, FL 34109

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Childs Name: _____ School: _____

Last First Middle

Child's Address: _____

Email: _____

Family Information:

Mother's Name: _____ Father's Name: _____

Cell: _____ Work: _____ Cell: _____ Work: _____

Custody: Mother: _____ Father: _____ Both: _____ Other: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, and other areas of concern:

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency. If for some reason the custodial parent or legal guardian cannot be reached.

Name: _____ Phone: _____

Name: _____ Phone: _____

I give permission to Sports Camp, Inc. d/b/a Sports CLUB to record the appearance, physical likeness and/or voice on videotape, on film, or digital video disk, and/or take photographs of the appearance of my child, and to release these images to the news media, use for posting on the Sports CLUB website, use in internal or external publications, or use in any other manner deemed appropriate by Sports CLUB to publicize its programs and activities, or to otherwise fulfill the mission of Sports CLUB.

I acknowledge that Sports CLUB is the sole owner of all rights in, and to, this visual and/or sound production and/or photograph(s) and the recordings, thereof, and that it has the right to use or reproduce the resulting images and/sound as often as it finds necessary. The video and/or photographs may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, Internet, or in other media once released. Sports CLUB had the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the above-named person or for participation in said productions. I agree to hold Sports CLUB, its employees, board members, and other parties harmless against claim, liability, loss, or damage caused by, or arising from, my child's participation in this production.

Check the box if you do not want your child photographed or videotaped.

Sports CLUB Release and Waiver of Liability

LIABILITY RELEASE AND INDEMNIFICATION: Prior to participation, this form must be signed by at least one of the participant’s parents or legal guardians of the participant is not yet 18 years old. Participants signatures are required if 18 years of age or older and are helpful when age-appropriate.

Name of Participant/Child (the “individual”): _____

In consideration of Sports CLUB allowing the individual to participate in sports activities, classes, teams, including, but not limited to, activities such as gymnastics, skateboarding, scooters, dance, cheerleading, swimming, dodgeball, soccer, basketball, volleyball, football, and playground activities (hereinafter referred to as the “Activity”), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term “I” in this release refers to both the individual and his or her parents or legal guardians):

- (1) Acknowledgement and Assumption of Risk.** I understand that any Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the individual’s action or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, negligence of the “Released Parties” named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost, and damages that may result from the Activity. I hereby give my approval of and consent to the individual’s participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity.
- (2) Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the individual is qualified in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any or the above representations have become untrue, or if I should ever believe that the Activity is unsafe or is no longer safe for the individual, the it will be my responsibility immediately to discontinue the individual’s participation in the Activity.
- (3) Release.** I hereby release, acquit covenant not to sue, and forever discharge Sports Camp Inc, D/B/A Sports CLUB, it owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of the participants to and from the Activity (collectively the “Released Parties”) of and from and all actions, causes of action, claims, demands, liability, losses or damaged of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the individual’s participation in the Activity and the transportation of the above named individual to and from the Activity (collectively the Released Claims”).
- (4) Indemnification.** I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney’s fees (including the cost of any claim I might be made on my behalf or the individual’s behalf that is released in this document), arising out of or connected in any way with any of the Released Claims. Any claims otherwise must be brought forth in Collier County, Florida.

I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, AND CUSTODIAL PARENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHT. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

_____ Parent/Guardian Signature	_____ Parent/Guardian Name (Print)	_____ Date
_____ Emergency Contacts’ Name	_____ Contact Phone #	_____ Alternate Phone #

Allergies and other pertinent information:

