

**DESERT DEVILS GYMNASTICS & CHEER
KIDS THAT RIP STATEBOARD SCHOOL**

ATHLETE INFO

Last Name: _____ Home Phone _____
Child's Name: (1) _____ (2) _____ (3) _____
D.O.B. (1) _____ / _____ / _____ (2) _____ / _____ / _____ (3) _____

BILLING INFO

Mother's Name: _____ Phone: _____
Father's Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Emergency #'s _____

HEALTH INSURANCE INFO

Company: _____ Policy: _____
Policy's Main Client: _____

RISK OF INJURY; MEDICAL INFORMATION, WAIVER AND RELEASE

I acknowledge that there is a risk of injury associated with vigorous exercise, athletic training activities, competitive play, the use of exercise equipment and skateboarding. Muscle pulls, shin splints, bruises, sprains, stitches, broken bones, concussions, back injuries, cardiovascular problems, paralysis and even death may occur. I declare that I, my family members and guests are physically sound and are not suffering from any condition, impairment, disease, infirmity or other illness that would prevent participation in or be aggravated by any of the activities or programs of Desert Devils Gymnastics and Cheer and Kids That Rip Skateboard School. I represent that I, my family members and guests either have permission and approval of a physician to participate in the athletic activities and programs and use of the exercise equipment or, if there is no such permission, then I, my family members and guests hereby assume the risk of injury and death that may result from such activities. I, my family members and guests do hereby waive, release and forever discharge Desert Devils Gymnastics, Cheer and Kids That Rip Skateboard School, their officers, directors, owners, agents, employees and insurance carriers from all liability for any and all injuries that I, my family members and guests sustain in the athletic activities, programs and use of the exercise equipment, including those caused by the negligent act or omission of any of the mentioned or others acting on their behalf.

Parent/Guardian Signature _____ **Date** _____