

USA

YOUTH FITNESS CENTER Membership Form

| |
|----------------------------------------------------------------|
| Trial Date _____ |
| Sign Up? <input type="checkbox"/> Y <input type="checkbox"/> N |

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|------------------|------------|------------------|---------------|----------|
| Student #1 Name: | Birthdate: | Circle: M F | Program/Level | Day/Time |
| Student #2 Name: | Birthdate: | Circle: M F | Program/Level | Day/Time |
| Student #3 Name: | Birthdate: | Circle: M F | Program/Level | Day/Time |
| Student #4 Name: | Birthdate: | Circle: M F | Program/Level | Day/Time |

| CONTACT INFORMATION | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Father: _____ Home () _____ - _____ Work () _____ - _____ Cell () _____ - _____ | | | | |
| Mother: _____ Home () _____ - _____ Work () _____ - _____ Cell () _____ - _____ | | | | |
| Address: _____ City: _____ State: _____ Zip _____ | | | | |
| Email Address: _____ @ _____ (Required) | | | | |
| HOW DID YOU HEAR ABOUT US? | | | | |
| <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Exhibition <input type="checkbox"/> WebSite <input type="checkbox"/> School <input type="checkbox"/> Coupon -OR- Referred By: _____ | | | | |

| EMERGENCY INFORMATION | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| In the event of an emergency and a parent/guardian cannot be reached, please call: | |
| Name: _____ | Phone: (____) _____ - _____ |
| Doctor's Name: _____ | Phone: (____) _____ - _____ |
| Insurance Company: _____ | Phone: (____) _____ - _____ |
| PERMISSION TO TREAT | |
| I give permission to medical professionals to administer emergency treatment to my child should an accident occur in my absence. | |
| _____ PARENT/GUARDIAN SIGNATURE | _____ DATE |

MEDICAL BRIEF

Check ALL applicable conditions and explain.

If you have more than one child enrolled, please specify which child has the condition on the line provided.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Allergies(General) _____ <input type="checkbox"/> Allergy to Bee Sting _____ <input type="checkbox"/> Allergy to Any Food _____ <input type="checkbox"/> Allergy to Latex _____ <input type="checkbox"/> Allergy to Medication _____ <input type="checkbox"/> Hay Fever _____ | <input type="checkbox"/> Respiratory Problems _____ <input type="checkbox"/> Asthma _____ <input type="checkbox"/> Sinus Trouble _____ <input type="checkbox"/> Vomiting _____ <input type="checkbox"/> Headache _____ <input type="checkbox"/> Diabetes (Type I or II?) _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please Explain: _____

Is Your Child on any special medication(s)? YES NO
Describe _____

Other Medical Conditions or previous injuries? _____

LIABILITY WAIVER (Minor, under 18)
**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

I am aware that in addition to the usual dangers and risks inherent in the sport of Gymnastics, Cheerleading, Dance, Trampoline, Tumbling, and other USA Youth Fitness Center activities, certain additional dangers and risks are present when using USA Youth Fitness Center Facilities, Gymnastics Equipment and Trampoline, including, but not limited to, the danger and risk of falling, jumping, landing, height and motion. By signing this waiver, I freely accept and fully assume responsibility for all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting therefrom.

In consideration of utilizing the USA Youth Fitness Center Facilities Gymnastics Equipment and Trampolines and for other good and valuable consideration, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** for personal injury including death, illness, and/or property damage that my child may have against USA Youth Fitness Center, their principals, directors, sponsors, affiliates, employees, representatives and any volunteers in any way associated with USA Youth Fitness Center, all of whom are hereinafter collectively referred to as "the Releasees".
2. **TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY** for any loss, damage, injury, death, medical or other expense that my child may suffer or that any other party may suffer as a result of my use of USA Youth Fitness Center Facilities Gymnastics Equipment and Trampolines or in my child's participation in the sports of Gymnastics, Trampoline, Tumbling, Cheerleading, Dance or other USA Youth Fitness Center activities.
3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any property damage or personal injury to any third party, resulting from my use of USA Youth Fitness Center Facilities Gymnastics Equipment and Trampolines or by my child's participation in the sports of Gymnastics, Trampoline, Tumbling, Cheerleading, Dance or other USA Youth Fitness Center activities.
4. **THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING** upon my heirs, next of kin, executors, administrators, successors, and assigns in the event of my child's personal injury including death, illness, and/or property damage.
5. **I ADDITIONALLY AGREE** that my child shall follow correct safety procedures when using USA Youth Fitness Center Facilities Gymnastics Equipment and Trampolines. I also expressly grant to USA Youth Fitness Center, and any third party authorized by them, the right to film, videotape, photograph, record my child's voice, may be printed, used or incorporated, and in the advertising of the Facility, Facility products, licensed products, and all affiliated relationships.

I HEREBY CERTIFY THAT my child is covered by his/her own Medical Insurance, and that I have read and understand this Release of Liability prior to signing it, and I am aware that by signing this Release of Liability I am waiving certain legal rights which I, my child, or our heirs, next of kin, executors, administrators, successors, and assigns may have against the Releasees.

USA Youth Fitness Center shall have the right to impose any additional conditions which, in the opinion of the Releasees, will further the intent and legal rights and waivers provided herein.

This Liability Waiver was made and executed in the State of Arizona and shall be governed by, enforced in and construed in accordance with the laws of the State of Arizona.

I acknowledge that in executing this Waiver, I am not relying on any inducements, promises, or representations made by the Releasees.

I am acting on behalf of the student's other parent in signing this contract and I have authority to bind such other parent to the terms and conditions of this contract on his or her behalf.

Parent/Legal Guardian Signature

Print Name Here

Date

| | | | | | | |
|----------------------------------------------|------------|---|---|---|---|------------------------------------|
| Office Use Only: | Trial Week | 1 | 2 | 3 | 4 | |
| Date Signed Up: | | | | | | Member. Fee _____ |
| Copies of forms given to client: | | | | | | +Tuition _____ |
| Policies and Procedures explained to Client: | | | | | | -Add'l Disc _____ (coupons etc) |
| | | | | | | =Total Due _____ |
| | | | | | | |
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