

- NEW STUDENT
 CHANGED INFORMATION

 Current Date:
STUDENT INFORMATION

Trial Class Date: _____ Trial Class _____

First Name <input style="width: 90%;" type="text"/> Last Name <input style="width: 90%;" type="text"/> Address <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 15%;" type="text"/> Zip <input style="width: 15%;" type="text"/> Birthdate <input style="width: 15%;" type="text"/> Age <input style="width: 15%;" type="text"/>	Phone (H) <input style="width: 90%;" type="text"/> Phone (W) <input style="width: 90%;" type="text"/> Phone (Cell) <input style="width: 90%;" type="text"/> E-Mail <input style="width: 90%;" type="text"/> Emergency Contact Name: <input style="width: 90%;" type="text"/> Relation: <input style="width: 90%;" type="text"/> Phone: <input style="width: 90%;" type="text"/>
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How did you find out about Acrovision? (circle one or specify)

Friend • Yellow Pages • Newspaper • TV • Raido • Coupon • Other: _____

BILLING INFORMATION (Skip if payments are made by student above)

First Name <input style="width: 90%;" type="text"/> Last Name <input style="width: 90%;" type="text"/> Soc. Sec.# <input style="width: 90%;" type="text"/> Billing <input style="width: 90%;" type="text"/> Address <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 15%;" type="text"/> Zip <input style="width: 15%;" type="text"/>	Phone (H) <input style="width: 90%;" type="text"/> Phone (W) <input style="width: 90%;" type="text"/> Phone (Cell) <input style="width: 90%;" type="text"/> PARENT INFORMATION Father <input style="width: 90%;" type="text"/> Mother <input style="width: 90%;" type="text"/>
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Read the following carefully and sign below. Parent signs if student is under 18 years.

Athlete Membership Agreement and Information

Fill in all blanks, submit forms to secretary or receptionist at front desk prior to participation.

AGREEMENT

In consideration of my membership in Acrovision Sports Center, and my participation in Acrovision Sports Center's classes, events, and activities, I agree to be bound by each of the following:

1. **ELIGIBILITY:** I agree to comply with the rules, policies and understand the session payment procedures of Acrovision Sports Center.
2. **READINESS TO PARTICIPATE:** I will only participate in those Acrovision Classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. **MEDICAL ATTENTION:** I hereby give my consent to Acrovision Sports Center and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. **WAIVER AND RELEASE:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and other classes, activities and events offered in Acrovision Sports Center. I further agree that the Acrovision Sports Center, and the sponsor of any Acrovision Sports Center event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduction of one of the organizations or individuals identified above.

Information

Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through: _____

 I am a citizen of the U.S. yes no Signature of Athlete _____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Acrovision Sports Center.

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____

Date _____

Release From Liability Agreement: In consideration of the right to participate in this activity, I release any and all claims for damages and losses suffered by me or my minor child as a result of said participation with Tae Kwon Do West, Acrovision Sports Center and any agents thereof. I further understand that there are certain risks inherent in this activity and that proper training and physical conditioning are necessary. I hereby agree to assume those risks on my behalf or on the behalf of my minor child and to hold harmless Tae Kwon Do West, Acrovision Sports Center and its agents. In case of emergency, every attempt will be made to contact either the parents or the emergency contact number. However, should contact not be established, I give permission to Tae Kwon Do West/Acrovision Sports Center to act in my child's best interest, in regard to emergency care and/ or hospitalization.

I have read and understood the above statements, along with the Tae Kwon Do West/Acrovision Sports Center Rules and Policies, and am willing to adhere to them.

Parent/Guardian Signature x _____ Date _____