

# Ultimate Fusion AERIAL CLINIC

**\$100.00**

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Current Level: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_

## Liability Waiver and Indemnity Agreement

As conditions of the participation of the student described above ("my child") in any of the programs conducted by R&B Training Center, Ultimate Fusion Athletics including but not limited to tumbling, gymnastics, and cheerleading, whether conducted on or off the premises of Ultimate Fusion Athletics, I agree to the following: I waive any claim for bodily injury, personal injury or property damage against R&B Training Center, Ultimate Fusion Athletics, its directors, employees, agents and insurers, and any owners or lessors of the premises and any equipment used in connection with any programs of R&B Training Center, Ultimate Fusion Athletics, arising out of our child's participation in any of the programs of R&B Training Center, Ultimate Fusion Athletics whether on or off premises, or travel for the purpose of participating in any such programs or events. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, any other family member, or myself.

This agreement shall remain in effect as long as and whenever our child participates in any activity at or with R&B Training Center, Ultimate Fusion Athletics. If this agreement is not effective to waive liability on behalf of our child, any other family member, or ourselves we further agree to indemnify R&B Training Center, Ultimate Fusion Athletics for its liability including all costs, fees, and expenses incurred by R&B Training Center, Ultimate Fusion Athletics in connection with such liability.

## Authorization of Medical Care:

In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

## Medical History

**Please circle any conditions your child has or has had: (if none please write "none.")**

Diabetes, Heart Disease, Kidney Disease, Asthma, Hemophilia/Bleeding Disease, Nervous/Mental Disorders, Hypertension, Epilepsy/Seizure, Mitral Valve Prolapsed, Hepatitis/Liver Disease, HIV/AIDS, Fainting, Respiratory Disease

Please provide details if any of the above conditions are circled: \_\_\_\_\_

List any operations, illnesses, or injuries your child has had in the past year: \_\_\_\_\_

List any other surgeries or limitations: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any medications your child is currently taking: \_\_\_\_\_

**All campers must be covered by their own medical insurance. Please provide your current insurance information.**

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Plan ID #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Nationwide 800 #: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Register by June 1, 2020**

Call or stop by our gym M-F Noon-7 pm to register!

1670 Drum Corps Dr. Menasha WI, 54952

(920) 886-1046