

## Registration Form

\_\_\_\_\_

Child/Athlete's Last Name                      Child's First Name                      Middle

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_      Sex                      \_\_\_\_\_

Date of Birth                      Age                      Sex                      Classes or Team

Address \_\_\_\_\_

Street                      City                      Zip Code

Home Phone Number (      ) \_\_\_\_\_ Parent Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Cell Number (      ) \_\_\_\_\_ Mother's Work Number (      ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell Number (      ) \_\_\_\_\_ Father's Work Number (      ) \_\_\_\_\_

Child's School \_\_\_\_\_

How did you hear about Team OC? \_\_\_\_\_

### Waiver and Release of Liability/Medical Authorization Acknowledgment and Voluntary Consent Photo Release

I understand that Team OC from time to time produces promotional materials about its gymnastics and other facilities, programs and competitions where Team OC is represented. I, on my own and my Child/Athlete's behalf, hereby give permission for my Child/Athlete to be photographed, videotaped and/or audiotapes for use in print or broadcast media, including brochures, websites, and/or otherwise as deemed appropriate for promotional or informational purposes, and authorize Team OC and/or its agents, successors, licensees and assigns, the right to photograph and/or videotape my Child/Athlete and utilize my Child/Athlete's face, likeness, voice, and appearance, without limitation or reservation, or for any form of compensation. Team OC and its agents will not sell its photos for any purpose. I further understand that Team OC is under no obligation to exercise any of such rights, licenses or privileges. Team OC is not responsible for the actions of others.

I have also read, reviewed, fully understand, and voluntarily consent to the terms and conditions as set forth in the Waiver and Release of Liability/Emergency Medical Authorization, and also agree without reservation to abide by all of the terms and conditions as explained in the Parental Agreement-Policies and Procedures that accompanies this Registration Form, and all such documents will continue to be in effect during any future use of Team OC facilities or event participation.

Print Child/Athlete's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Registration Fee\$ \_\_\_\_\_ Renew \_\_\_\_\_ New \_\_\_\_\_

MasterCard    VISA    Amex    CA    CK# \_\_\_\_\_ Other Fees \_\_\_\_\_ Initial \_\_\_\_\_ Database \_\_\_\_\_



## Emergency Medical Authorization

Child/Athlete Name \_\_\_\_\_

Child/Athlete's Physician \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Father \_\_\_\_\_ Bus. Phone Number ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_

Mother \_\_\_\_\_ Bus. Phone Number ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Primary Carrier Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

*(other than parent/legal guardian)*

*Please attach a copy of the current insurance card that covers the Child/Athlete. I understand that it is my responsibility to provide updated insurance information to Team OC in the event of any change in medical coverage.*

Please describe any current medical or behavioral conditions, allergies, or injuries that could impact or cause any limitations on your Child/Athlete's ability to perform any exercises and/or activities associated with Team OC programs, activities, and/or events:

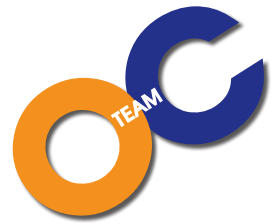
If there are any such medical conditions now or in the future, it is the responsibility of the Parent/Legal Guardian to provide a current physician's note setting forth the nature and duration of the limitation so that Team OC coaches and staff can adjust its activities for your Child/Athlete accordingly. Except as listed above or as communicated to Team OC coaches and/or staff, Parent/Legal Guardian hereby confirms that his/her Child/Athlete is in good physical condition and is capable of fully participating in Team OC activities. Coaches' opinions on injuries do not constitute medical advice.

**AUTHORIZATION TO PROVIDE/SEEK MEDICAL TREATMENT:** I am the Parent/Legal guardian of the above-named Child/Athlete. In the event of my absence and in case I am unable or it is impractical under the circumstances to be reached during a medical emergency, I hereby authorize personnel of Team OC Gymnastics, Cheer and Dance ("Team OC") to act as agent(s) for the undersigned to summon trained medical professionals and/or to have my above mentioned child transported to a hospital or other medical facility for medical treatment, and I hold Team OC and its staff, owners, directors, officers, agents, and representatives harmless in their execution of this action and/or the administration of such medical treatment. I hereby authorize and consent in advance to any x-ray examination, anesthetic, dental, medical and/or surgical diagnosis or treatment and hospital care which is deemed necessary and is rendered under the general or special supervision which any physician or surgeon or medical practitioner in the exercise of his/her judgment may deem advisable. This agreement may be relied upon by Team OC and may not be revoked so long as my Child/Athlete is participating in any Team OC program, event, and/or using Team OC's facilities. I understand that I and/or my insurance carrier will be solely responsible for the expenses and costs for any such medical treatment and/or ambulatory transportation sustained as a result of any injury occurring on or surrounding Team OC premises or during any Team OC event, now or in the future. I understand that I will be notified as soon as possible in the event of an emergency. This authorization is given pursuant to California Civil Code Section 25.8 and Section 6910 of the California Family Code.

Parent/Legal Guardian Name \_\_\_\_\_

Relationship to Child/Athlete \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Waiver and Release of Liability/Assumption of Risk

I request and hereby consent for my Child/Athlete, \_\_\_\_\_, DOB \_\_\_\_\_ to use the  
(First & Last Name)

Team OC Gymnastics, Cheer and Dance (“Team OC”) facilities and equipment, and participate in Team OC events, competitions, programs, and/or classes for training in gymnastics, trampoline, tumbling, dance, cheerleading, rock climbing, rope climbing, riding zip lines, and/or other activities, events, and associated skills and physical activities. I recognize that potentially severe injuries, including but not limited to broken bones, dislocations, torn tendons, torn ligaments, brain damage, spinal and back injury, PERMANENT PARALYSIS or DEATH, and other risks and danger, can occur in any or all of these activities. I also recognize that similarly SEVERE INJURIES can result from participating, helping, or spotting teammates as well as from folding, unfolding, transporting, and setting up apparatus and equipment. Furthermore, I recognize that because of increased movement, height, flipping, twisting and inversion, and increasingly complex routines, the competitive pursuit of these sports and activities may carry an increased degree of risk of injury and catastrophic injury than do the recreational versions. I also recognize that the mats, pits, and other safety equipment and apparatus provided for my Child/Athlete’s protection, including the participation of a coach or staff member who will spot or assist in the performance of certain skills, may be inadequate to prevent certain injuries. I understand and willingly accept the inherent risks involved in these recreational and/or competitive activities, and that the above named Child/Athlete may be injured in any or all of these activities.

Neither my Child/Athlete nor I are under any obligation by Team OC or its agents or representatives to participate in any of these activities or programs, nor am I or my Child/Athlete being paid to do so. My Child/Athlete’s interest is solely in the sport and/or activities and for his/her own self improvement and enjoyment, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS INHERENT IN THESE PURSUITS AND ASSUME ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES on my own behalf and on behalf of my Child/Athlete. I also represent that my Child/Athlete is in good and sufficient physical condition to participate in Team OC activities or programs.

In consideration for allowing my Child/Athlete to use Team OC facilities and equipment, and/or participate in Team OC events, programs, classes and/or competitions, on my own behalf and on behalf of my Child/Athlete and each of our respective heirs, administrators, next of kin, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE, discharge, and hold harmless and agree to indemnify Team OC, its officers, directors, shareholders, owners, employees, volunteers, agents, successors and assigns (collectively in this Waiver and Release “Team OC” or “Releasees”), from any and all liability, claims, medical, legal and/or other costs, demands, losses, damages or causes of action (known or unknown) whether existing now or in the future, including any loss of personal property due to theft or otherwise, arising out of my Child/Athlete’s use of Team OC facilities, equipment, and/or participation in Team OC events, and/or while under the instruction, supervision or control of Team OC and/or any of the Releasees wherever caused, and whether caused or alleged to be caused in whole or in part by the negligence of any of the Releasees; and I further agree that if, despite this Waiver and Release of Liability, I or anyone on my own or my Child/Athlete’s behalf make a claim against any Releasees, I will INDEMNIFY, SAVE AND HOLD HARMLESS Team OC and the Releasees from any litigation expense, attorneys’ fees, loss, liability, damage or cost which may occur as a result of such claim, to the fullest extent permitted by law.

This WAIVER OF LIABILITY and COVENANT NOT TO SUE, having been read thoroughly and understood completely, is signed VOLUNTARILY as to its content and intent, and I VOLUNTARILY CONSENT to my Child/Athlete’s participation.

Print Parent Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Parent Email \_\_\_\_\_ Date \_\_\_\_\_