



## Athlete Registration Form- Infinity Athletics

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Contact Number: (    ) \_\_\_\_\_ Emergency: (    ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Any allergies/medications/disabilities? \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Class Requested: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

### Release of Liability, Indemnification, and Photo Release

I am aware that gymnastics is a dangerous activity that could result in injury, paralysis or even death. I assume all risks of injury or loss to myself or my child arising from the above activity. If the participant is a minor, I also give permission for his/her participation in the above activity and for any necessary medical treatment. I further agree that participants in Infinity Athletics program may be photographed and such photos may be used to publicize Infinity Athletics programs and activities.

In exchange for my child being allowed to participate in the above activity, I release, discharge, and agree to indemnify and hold harmless Infinity Athletics, LLC, its employees, officers or agents (the released parties) from any liability, loss or damage, including but not limited to that arising from negligence of any of the Released Parties, which may result me or a minor.

**\*A credit card must be kept on file. If payment is not received by the 10<sup>th</sup> of each month, I authorize Infinity Gymnastics to automatically charge my credit card for the full amount. 30-day notice must be given in writing with our Account Hold form to withdraw from any Infinity program. Monthly tuition will continue to be charged until it is received.**

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

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