



Waiver : August 2019 - August 2020

### Basic Info

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name Pronunciation: \_\_\_\_\_ Age as of August 1, 2019: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent/Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Medical Insurance Carrier: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medical Conditions/Disabilities: \_\_\_\_\_

### Pick-Up

My Child May Leave With

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

My Child May Not Leave With

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\*To add or remove someone from this list, please send your child with a note or call the office.

As legal the guardian of my designated student(s) (student(s)), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, (print name) \_\_\_\_\_, authorize Flight Athletic Academy to utilize any photos/videos that feature my child or the likeness of my child's voice on social media or any other form of marketing.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Athlete's Name:** \_\_\_\_\_

----- For Office Use Only -----

**FAA Number:** \_\_\_\_\_ **Discount:** \_\_\_\_\_

[illegible]

**Notes:**

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