

SPOTLIGHT STUDIOS

* PLEASE STAPLE A CURRENT PHOTO TO RIGHT SIDE OF FORM

ATHLETE INFORMATION

Participant's full name _____

Home address _____

City _____ State _____ Zip _____

Participant's phone number (H) _____ (C) _____

Participant's email address _____

Date of birth _____

Exact age on August 31, 2012 _____

Grade level 2012-2013 school year - PK K 1 2 3 4 5 6 7 8 9 10 11 12

School attending _____

PARENT/GUARDIAN INFORMATION

Mother's name _____

Mother's phone (H) _____ (W) _____ (C) _____

Father's name _____

Father's phone (H) _____ (W) _____ (C) _____

Parent's email address (M) _____ (F) _____

MEDICAL INFORMATION

Doctor's name _____ phone _____

Dentist's name _____ phone _____

Insurance company _____ phone _____

Policy# _____

Emergency contact _____ phone _____

List any allergies _____

List any physical, psychological or prior/current injuries to be aware of:

OFFICIAL USE ONLY

Placement level _____

Credit card on file

Enrollment fee paid \$ _____ Date _____

T-shirt size YXS YS YM YL AS AM AL AXL AXXL **Shorts size** YS YM YL AS AM AL AXL AXXL

Spankies size YS YM YL AS AM AL AXL AXXL **Sports Bra size** YS YM YL AS AM AL AXL

Bag name _____

SPOTLIGHT

STUDIOS

PARENT PERMISSION AND RELEASE AGREEMENT

Please read this form carefully and sign it. This document will be kept in your child's file

(Participant's name) _____ has my permission to try-out and/or participate at Spotlight Studios LLC - Center Stage, North Star, or other site (know further as SS) and to participate in SS events. I fully understand that I myself, the parent/guardian, and my son/daughter must abide by all rules and guidelines set forth by SS.

(Parent's name) _____ understand that, I myself the parent/guardian, and my son daughter have been given the SS Rules and Guidelines Form, and that we have read, fully understand and must abide b the SS Rules and Guidelines.

RELEASE AGREEMENT

Risk I understand that by the very nature of the activity, cheerleading training, gymnastics, dance and practice carries a risk of physical injury up to and including death. No matter how careful the cheerleader/gymnast and coach are; no matter how many spotters are used; no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced by each act but not eliminated. The customer(s) voluntarily assume all risk that subsequent to the execution of the Agreement, student may incur or suffer personal or bodily discomfort, loss, injury, disability, death, damage, or property damage or any which are in some way caused by or related to the instruction activities or services provided by SS; even in circumstance including but not limited to misconduct or negligence and the customer(s) fully understand that the previously stated physical risk conditions could become more serious than the undersigns expects, or anticipates

Release, Indemnity, and Emergency Medical Response

- I agree to hold harmless SS and its staff, the event facility, and/or official hotel for any injury, whether such injury results from the negligence of SS or its officers, agents or staff, or some other cause, as a result of my daughter's/son's participation or my (myself/advisor/coach/chaperone) participation in any SS event.
- It is agreed that I, my spouse, child(ren), my heir(s), and executors, forever waive and release any and all rights and claims for damages, whether such damage, loss or injury results from the negligence of SS or its officers agents or employee, or some other cause, that I, my spouse, my child(ren), or my heir(s), and executors may have at any time against the SS Parents Association or its representatives, SS or its representatives, shareholders, and staff whether paid or volunteer, for any injuries or damages in connection with the instructional or competitive programs or other activities related to SS and/or any injuries or damages in connection with traveling/transporting to and/or from competitions, exhibitions, or prearranged outings. The risks involved with such activity are fully understood.
- I understand that SS's staff members are not physicians or medical practitioners of any kind. I hereby give permission to the SS staff to render temporary or basic first aid to my child(ren) or myself in the event of injury or illness. I agree to hold harmless SS and its staff for any injury, whether such injury results from the negligence of SS or its officers, agents, or staff or some other cause resulting form rendering temporary or basic first aid.
- I understand that by taking part in any SS event, there is a possibility of injury or sickness to my daughter/son or to me (myself/advisor/coach/ chaperone). In the event that I cannot be reached, I hereby authorize SS and it's employees, whether paid or volunteer to give consent for my son/daughter to receive medical treatment including transportation by SS staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or calling the paramedics or ambulance for said child should the SS staff deem necessary. I do hereby grant permission to the hospital staff members to administer immediate treatment to my child should she/he be injured, or to me (myself/advisor/coach/chaperone).
- I understand and affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, for both my child's protection and my own protection.

By signing below, I agree to the Enrollment Policy, Parent Permission and Release Agreement

Participant Signature _____ **Date** _____

Parent Signature _____ **Date** _____

I (Parent's name) _____ and/or (Participant's Name) _____ give Spotlight Studios the right and permission to photograph, or video tape my daughter /son or me (myself/advisor/coach/chaperone) for any reproductions associated in any way connected with said television or filmed event; in particular, reproduction for use in any form of advertisement for SS promotional purposes.

SPOTLIGHT

STUDIOS

Commitment Confirmation

Please return this form at time of enrollment to Spotlight Studios:

Athlete's Name: _____
Athlete's Phone: _____
Parent or guardian's names: _____
Mailing Address: _____
City _____ State _____ Zip _____
Primary Email Address: _____
Home or Parent's Phone: _____

Parent or Guardian must initial each line after reading and understanding the policies.

_____ I have read the RULES AND GUIDELINES.

_____ I understand that summer practice is important to the team's progress and will attend.

_____ I have looked ahead at camp, choreography, and tentative competition dates and will be available to attend.

_____ I have read and agree with the attendance expectations and policy, as well as, parent guidelines and expectations.

_____ I have read and will abide by the rules and regulations set forth by Spotlight Studios and understand the disciplinary action if broken that may include dismissal from the program.

_____ I understand that my athlete may be moved to a different team throughout the season or may be asked to cross to two teams.

_____ I UNDERSTAND THAT THIS IS A TEAM SPORT THAT REQUIRES MY CHILD'S ATTENDANCE, even to watch when sick or injured. IT IS A DEDICATION OF TIME AND LONG TERM COMMITMENT.

_____ I have read and agree with the payment schedule for the current season.

_____ I understand that competition fees will not be refunded for any reason and that fees (in general) will be lost if your athlete quits or if the gym removes the athlete from the program. ALL FEES ARE NON-REFUNDABLE.

_____ I understand and have signed the financial agreement and know its terms.

_____ I understand that a credit card form must be kept in my child's file to be used if I do not pay by the 5th of each month for any and all month to month charges.

I have read the entire philosophy, rules and guidelines of the program. I understand and will follow all standards and rules set by Spotlight Studios, LLC. I will uphold in my actions good representation of being an athlete of Spotlight.

Athlete Signature _____ Date _____

Parent Signature _____ Date _____