Spotlight

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Mothers Phone Number (C) _____
(H) _____
(W) _____

Father's name_____

ATHLETE INFORMATION
Participant's full name _____

Home address _____

City _____ State _____ Zip _____

Participant's phone number (H) _____ (C) _____
Participant's E-mail address _____

Date of Birth _____
Grade level 2012-2013 PK K 1 2 3 4 5 6 7 8 9 10 11 12
School Attending _____

MEDICAL INFORMATION
Doctor's name _____ Phone _____

Dentist's name _____ Phone _____

Insurance company _____ Phone _____
Policy#_____
Emergency contact _____ Phone _____
Any medications allergic to _____
List any physical/psychological/prior injuries/current injuries to be aware of:

PARENT PERMISSION AND RELEASE AGREEMENT

Please read this form carefully and sign it. This document will be kept with 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 (known further as SS) and to participate in SS events. I fully understand that, the parent/guardian, 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 by the SS Rules and Guidelines.

RELEASE AGREEMENT

Risk I understand that by the way of 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 coaches 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 risks 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 way caused by or related to the instruction activities or services provides by SS; even in circumstances including but not limited to misconduct or negligence and the customer(s) fully understand that the previously stated physical risk conditions could be more serious that 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 it's officers, agents or staff, or some other cause, as a result of my son/daughter's participation or my (myself/advisor/coach/chaperone) participating in any SS event.
- It is agreed that, I, my spouse, child(ren), my heir(s), and executor, forever waive and release and and all rights and claims for damages, whether such damages, loss or injury results from the negligence of SS or its officers agents, employees, 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 Parent Association or its representatives, SS or its representatives, shareholders, and staff whether paid or volunteer, for any injuries or damage in connection with the instructional or competitive programs or other activities related to SS and/or any injury or damages in connection with traveling/transportation to and/or from competitions, exhibitions, or prearranged outings. The risk involved with such activity are fully understood.
- I understand that SS's staff members are not physically or medical practitioners of any kind. I herby 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 it's staff for any injury, whether such injury results from the negligence of SS or it's officers, agents, or staff or some other cause resulting from rendering temporary or basic first aid.
- I understand that by taking part in any SS event, there is a possibility of injury ir 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 it's representatives, whether paid or volunteer, to any heath care facility or hospital, or calling for 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 he/she be injured, or to me (myself/advisor/coach/chaperone)
- I understand and affirm that I now have and will continue to provide proper hospital, health and accident insurance coverage, for both my child's protection and my own protection.

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

Participant Signature _____

Parent Signature _____