



REGISTRATION

Referral Information

How did you hear about us?
Referral Name:

Athlete Information

First Name:
Last Name:
DOB:
Home Address:
City, State, Zip:
Home or Primary Phone:

Allergies:
Insurance Provider & Primary Doctor + Phone Number:

Emergency Contact Information

First Name:
Last Name:
Mother/Father/Guardian:
Home Address:
City, State, Zip:
Work Number:
Cell Number:
Email:



Parental Permission and Medical Consent with Liability Release

Athlete Name: _____ Date of Birth: _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child (the "Child"), hereby consent(s) to the participation by the Child in all tumbling, warrior, cheerleading, birthday parties, and related activities ("Activity") conducted by KLEEN Movement Inc. ("Organizer") and to the participation of the Child in all Activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is a medical emergency, the Organizer will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life- sustaining procedures for the Child.

The undersigned assume(s) all risk of injury or harm to the Child associated with participation in the Activity and agree(s) to release, indemnify, defend and forever discharge the Organizer and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child or by the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in the Activity.

Signature of Parent/Guardian _____ Date _____