



BACK HANDSPRING CLINIC

Participant's Name: _____ Age: _____ Birthday: _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Parent/Guardian Name: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact: _____ Emergency #: _____

How did you hear about Ultimate Fusion's Back Handspring Clinic? (Circle one):

- I'm a Member
- Birthday Party
- Facebook
- Google/Yahoo
- Magazine
- Previous Enrollment
- Referral from Friend
- School Brochure/Flyer

Liability Waiver and Indemnity Agreement

As conditions of the participation of the student described above ("my child") in any of the programs conducted by R&B Training Center, Ultimate Fusion Athletics including but not limited to tumbling, gymnastics, and cheerleading, whether conducted on or off the premises of Ultimate Fusion Athletics, I agree to the following: I waive any claim for bodily injury, personal injury or property damage against R&B Training Center, Ultimate Fusion Athletics, its directors, employees, agents and insurers, and any owners or lessors of the premises and any equipment used in connection with any programs of R&B Training Center, Ultimate Fusion Athletics, arising out of our child's participation in any of the programs of R&B Training Center, Ultimate Fusion Athletics whether on or off premises, or travel for the purpose of participating in any such programs or events. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, any other family member, or myself.

This agreement shall remain in effect as long as and wherever our child participates in any activity at or with R&B Training Center, Ultimate Fusion Athletics. If this agreement is not effective to waive liability on behalf of our child, any other family member, or ourselves we further agree to indemnify R&B Training Center, Ultimate Fusion Athletics for its liability including all costs, fees, and expenses incurred by R&B Training Center, Ultimate Fusion Athletics in connection with such liability.

Refund Policy: We do not offer refunds for canceled registration, vacation, illness, weather, injury or any other reason. Ultimate Fusion Athletics does not issue refunds. All sales are final for any product or service purchased or provided by Ultimate Fusion.

Authorization of Medical Care: In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Medical History

Please circle any conditions your child has or has had (if none please write "none"):

- Diabetes
- Heart Disease
- Kidney Disease
- Asthma
- Hemophilia/Bleeding Disease
- Nervous/Mental Disorders
- Hypertension
- Epilepsy/Seizure
- Mitral Valve Prolapse
- Hepatitis/Liver Disease
- HIV/AIDS
- Fainting
- Respiratory Disease

Please, provide any details if any of the above conditions are circled: _____

List any operations, illnesses or injuries your child has had in the past year: _____

List any limitations: _____

List any allergies: _____

List any medications your child is currently taking: _____

All campers must be covered by their own medical insurance. Please provide your current insurance information.

Family Doctor: _____ Phone #: _____

Medical Insurance: _____ Subscriber: _____

Plan ID #: _____ Policy #: _____ Nationwide 800 #: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____