BHS Clinic: July 9, 16, & 23 **Cost:** $190 Cash/Check ONLY **Registration due:** June 15

BACK HANDSPRING CLINIC 2026

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

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Email Address:** _____

Parent/Guardian Name: _____

Home Phone #: _____ **Cell Phone #:** _____

Emergency Contact: _____ **Emergency #:** _____

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.

Withdrawal from Camp/Clinic Policy:

R&B Training Center Home of Ultimate Fusion does not issue refunds for cancellation, illness, vacation, no-show, or any other reason. You may withdraw from a Camp and/or Clinic up to two (2) days prior to the first day of the Camp and/or Clinic and receive a credit to your account. Regardless of duration, Camp and/or Clinic days attended or unattended, R&B Training Center Home of Ultimate Fusion does not issue refunds. Parents wishing to withdraw their student from a Camp and/or Clinic must provide a written notification (via email) to ultimatefusion@yahoo.com at least two (2) days prior to the first day of the Camp and/or Clinic. For the purpose of determining a credit, a student shall be deemed to have withdrawn from a Camp and/or Clinic when the parent/guardian notifies R&B Training Center Home of Ultimate Fusion of the student's withdrawal. Failure to comply with the withdrawal policy will result in the full amount owed. No exceptions. Credits are non-transferable.

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:** _____