



Registration and Waiver Form

Participant Name: _____ Age: _____ Grade _____ Date of Birth: _____

Please select only ONE: Competitive/Travel team: () Cheer () Dance () Both OR
() Rec Class () Tumble Class/Private () Open Gym () Camp/Clinic () AIT () Mommy & Me () Other _____

Mother's Name _____ Phone #: _____ Home () Cell ()

Father's Name _____ Phone #: _____ Home () Cell ()

Billing Address: _____ City _____ State _____ Zip _____

Emergency Contact: _____ Phone #: _____

Email Address (PLEASE PRINT CLEARLY) _____

(Email is how IU notifies you of any changes, events, cancelations, account information etc. Therefore it is critical that we have your most current email address on file. Please notify management of ANY changes)

Health History

Please circle if any of the following that apply to the participant: Kidney Injuries, Heart Condition or Disease, Diabetes, Asthma, Muscle, Ligament or Tendon Problems, Previous Broken Bones or other Injuries, Allergies or conditions we should be aware of? If circled, please explain.

Is this participant covered by Health/Accident Insurance? () YES () NO

- All students must pay a \$40 yearly membership fee, with the exception of open gym & camp/clinics. If an open gym or camp/clinic participant chooses to enroll in rec cheer, tumble class, AIT, private tumble or joins a IU cheer/dance team, they will be required to pay this annual gym fee at time of enrollment.
- A 24 hour cancellation notice is required if you cannot attend a class. If 24-hr notice is not given, your tumbling coach may require you to pay for your private. There are no refunds for missing a class.

Conditions of Indiana Ultimate Inc.

I, as the parent or guardian of _____ in consideration of the acceptance of my child's participation, release Indiana Ultimate Inc. from any and all liability, damages, or injuries suffered by the participant in connection with participation in classes or any other events at Indiana Ultimate Inc, and shall hold them harmless from any such damages or injuries. I am fully informed of the activities to be conducted by Indiana Ultimate and understand that my child's participation is entirely my own choice and with the understanding of risk of accidental injury involved.

The signature below indicates that I have read, understand, and do hereby agree to all stated conditions of Indiana Ultimate.

Parent/Guardian Name (Please Print)

Parent/Guardian Name (Signature)

Date