

Cal Elite Kids

Student Registration

Student Information

Student's Last Name	First Name	Date of Birth	Parent's Name
Phone Number	Street Address	City	Zip Code
Email – to receive billing statements		Mom's Cell Dad's Cell	Mom's Work # Dad's Work #

Does your child have any physical or developmental challenges that would help us to know about? Y / N	If yes, please explain:
---	-------------------------

Referral Source

How did you hear us? (Please circle ALL that apply)	Friend/Family Birthday Party Drive Social Media Web Search Other _____ Which was the most influential in your decision to visit Cal Elite Kids? _____
---	---

Emergency Contacts

Name	Relationship	Phone	Cell Phone
Name	Relationship	Phone	Cell Phone

Authorization to Treat a Minor

I (we) the undersigned parent, parents, or legal guardian of _____, a minor child, authorize and consent to any emergency transportation directed by or provided by the Orange County Fire Authority for my child in the event s/he is injured while participating in classes or activities at Cal Elite Kids/Ninja Zone. I authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act, and/or the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power to render care which the aforementioned physician or dentist, in the exercise of his/her best judgment may be deemed advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that the above treatment will not be withheld if the undersigned cannot be reached.

List any medical restrictions: _____
 List any allergies to foods, drugs, or other allergies: _____
 Explain any special medications of medical history: _____

_____ **Date** _____ **Signature of Parent or Legal Guardian** _____ **Medical Insurance Provider and Policy Number**

PAGE 1 OF 2 - PLEASE COMPLETE AND SIGN BACK PAGE

This consent shall remain effective for as long as the above-mentioned minor is actively participating in lessons or activities at Cal Elite Kids or until affirmatively revoked by the Parent or Legal Guardian.

Cal Elite Kids
 22982 Avenida Empresa,
 Rancho Santa Margarita, CA. 92688
 (949) 589-1512 Fax 9949) 589-1377

Cal Elite Kids Student Registration

Acknowledgment of Risk/Dual Release of Liability

Name of child participant: _____

Name of adult parent participant/guest: _____

I am fully aware of and appreciate that, despite all reasonable precautions implemented for safety, there are risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in athletic programs or activities and in being present in an athletic environment. I am aware of these risks and knowingly and willingly assume all such risks. Consequently, I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, employees and other members of Cal Elite Kids/Ninja Zone from personal injury or accident of any sort or nature suffered by me, the undersigned, or by my child, by reason of presence at Cal Elite or participation in any Cal Elite lessons (including but not limited to gymnastics, dance, cheerleading, tumbling, ninja and swimming programs, camps, open gyms, open swims, parents' nights out, parties, performances, special events, or other activities.

Parent's Signature for Own Presence/Participation _____ Date _____

Parent's Signature for Child's Presence/Participation _____ Date _____

Minor Release

I, the parent/guardian of the above referenced minor child, understand the nature of athletic activities offered by Cal Elite Kids, and the minor's experience and capabilities, and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activities. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless against the owner, operator, employees and other members of Cal Elite Kids/Ninja Zone from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf, makes a claim against any of the Releases named above, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may occur as a result of any such claim.

Parent's Signature _____ Date _____

Permission to Photograph and Release

I give permission for my child to be photographed (including still, video and sound) as a participant in Cal Elite activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotion, advertising, trade, and outright bragging about Cal Elite programs, activities, and its wonderful students!

Parent's Signature _____ Date _____

We Will Follow the Safety Rules!

I understand that Cal Elite maintains strict rules regarding the safety of its students, parents, guests and employees. I understand that I am responsible to conduct myself in accordance with these rules. I am responsible to supervise my children before and after class and especially those children who may be with me who are not participating in a class. I have received a copy of *Cal Elite's Basic Safety Rules*. I have read the *Basic Safety Rules* and have read and/or explained them to my child (children) and I agree to abide by these *Basic Safety Rules* at all times.

Parent's Signature _____ Date _____

Cal Elite Kids
22982 Avenida Empresa,
Rancho Santa Margarita, CA. 92688
(949) 589-1512 Fax 9949) 589-1377