



INITIAL CLASS REGISTRATION FORM

All parts must be completed and returned before your child attends this event

CLASS: _____ DAY: _____ TIME: _____ SESSION: _____

STUDENT INFORMATION (Please print or type)

Name: _____ DOB: _____ Age: _____
 Address: _____ City: _____ Zip: _____
 Child's Home Phone: _____ Emergency Phone: _____
 Email Address: _____ Cell Phone: _____
 Mother's Name: _____ Employer: _____
 Father's Name: _____ Employer: _____
 Health Insurance Name: _____ Subscriber: _____
 Are there any medical conditions to which we should be alerted? _____

Is your child taking any medications? If so, list medications with reason for taking medications: _____

Does your child have allergies (list): _____

Any allergies to medications (list): _____

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY:

As legal guardian of _____, I hereby consent to the aforementioned person participating in the Huron Physical Arts Center L.L.C.'s program. I recognize that potentially severe injuries, including permanent paralysis can occur in any activity involving skills of height and motion, including martial arts, dance, gymnastics and related activities including tumbling. I understand that it is the express intent of the School to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release the Huron Physical Arts Center L.L.C., its officers, employees, volunteers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of the Huron Physical Arts Center L.L.C. or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while at, or performing for, the Huron Physical Arts Center, L.L.C.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

PARENT OR LEGAL GUARDIAN

Signature: _____ Date: _____

PERMISSION TO TREAT OPTION: I hereby give my permission to Huron Physical Arts Center L.L.C.'s staff members to provide temporary first aid to my child in the event of injury or illness and if deemed necessary to seek trained professionals to administer medical treatment to my child, should sickness or accident occur in my absence.

PARENT OR LEGAL GUARDIAN

Signature: _____ Date: _____

PHOTO IMAGE WAIVER: I grant permission to Huron Physical Arts Center L.L.C. to use photo or video images of my child as well as my child's name as part of Huron Physical Arts Center L.L.C.'s public marketing campaigns, including print media, broadcast media and Huron Physical Arts Center L.L.C.'s website.

PARENT OR LEGAL GUARDIAN

Signature: _____ Date: _____

Print Name: _____

HOW DID YOU HEAR ABOUT THIS EVENT?

Current HPAC student _____ Past HPAC student _____ Invited by a friend _____ Mailing _____ Outside Marquis _____ Website _____