

Registration

form:0072

(859) 426-7777
www.silverlakefamily.com

Student Information



Name _____

Street _____ City _____ Stat _____ Zip _____

() _____ () _____

Home Phone # _____ Emergency Phone # _____

_____/_____/_____
Gender Age D.O.B.

Parent's Names _____

Are there any medical conditions to which we should be alerted? _____

If your child were to appear in a group or individual photo taken on our premises are we free to use it for advertising purposes (brochure, etc.)? Yes No

Class Information

Swim Lessons Gymnastics Lessons Sports Academy T-Shirt Size _____

Level / Class / Sport _____

Winter Spring Summer Fall _____

Day _____ Time _____

***We will see you the first day of class...WE ONLY CALL IF THERE IS A PROBLEM SUPPLYING YOUR CLASS CHOICE!**

Payment Information

Member Non Member Cash Cost of Class / Program \$ _____

Barcode # _____ Credit Card: VI MC Disc Amex Coupons / Discounts \$ _____

Employee Initials _____ Check # _____ TOTAL \$ _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports and swimming and diving. In addition, swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps involves transportation to and from various field trips and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Silverlake programs, camps, and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child to use these facilities, I on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Silverlake Family Recreation Center, it's officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Silverlake programs including without limitation, those damages or injuries resulting from acts of negli-

Parent or Legal Guardian's Signature _____

Date _____

E-Mail Address _____