

BULL CITY ATHLETICS

5017 Neal Rd • Durham, NC • 27705 • (919) 383-3600
2018-2019 Registration Form (August 6, 2018 - May 25, 2019)

STUDENT INFORMATION

_____/_____/_____
STUDENT NAME (1) SEX AGE DATE OF BIRTH MEDICAL CONDITIONS (IF ANY)

_____/_____/_____
STUDENT NAME (2) SEX AGE DATE OF BIRTH MEDICAL CONDITIONS (IF ANY)

_____/_____/_____
STUDENT NAME (3) SEX AGE DATE OF BIRTH MEDICAL CONDITIONS (IF ANY)

[] Please check here if you are a returning member & the information in the box below has not changed. You may skip to the Waiver.

PARENT/RESPONSIBLE PARTY INFORMATION

STREET CITY ZIP HOW YOU HEARD ABOUT US

PARENT/GUARDIAN NAME HOME PHONE WORK/CELL PHONE

PARENT/GUARDIAN NAME HOME PHONE WORK/CELL PHONE

PARENT/GUARDIAN #1 EMAIL ADDRESS PARENT/GUARDIAN #2 EMAIL ADDRESS

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL RELEASE

Please read before signing below

The agreements below pertain to participation at and for SRM Gym Inc., dba Bull City Athletics and Bull City Gymnastics and their respective officers, employees, volunteers, subcontractors, tenants and other agents, hereafter collectively referred to as "BCA."

Consent to participate: As the parent(s) or legal guardian(s) of the student(s) named above, I hereby consent to their participation in any and all programs at or for Bull City Athletics.

Perpetual Covenant not-to-sue: In consideration for my child(ren)'s or my participation at BCA I hereby, for myself and/or my child(ren) and our respective heirs and successors, promise not-to-sue and forever release BCA from all liability resulting from damages or injuries as a result of participation at or for BCA. This includes acts of ordinary negligence. I understand that this perpetual covenant not-to-sue will apply to each and every occasion that my child(ren) or I visit or participate at BCA and that this agreement remains in force until I revoke it in writing.

Assumption of risk: I understand that sports and activities involving height, motion, or inversion including but not limited to gymnastics, trampoline, cheerleading, martial arts, and dance carry the risk of severe injury, including paralysis or death. I hereby accept all risks associated with my child(ren)'s participation at BCA.

Medical Authorization and Indemnification for possible future medical expenses: In the event of a medical emergency I authorize that my child(ren) and/or I be transported to a medical facility for treatment and I hold BCA harmless in the execution of such. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) or me as a result of any injury sustained while visiting or participating at or for BCA.

I further agree to abide, and to see that my child abides by all rules, regulations, and policies of Bull City Athletics. I have read, fully understand and will voluntarily sign the agreements as stated above.

Parent or Legal Guardian's Signature: _____ Date: _____