



# K2 ACADEMY & K2 CAMPUS REGISTRATION FORM



## Guardian Information

1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text: Y or No Email \_\_\_\_\_

2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text: Y or No Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

## Address

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Referral Information/Applicable Discounts

How did you hear about us? \_\_\_\_\_ Circle if applicable: Active Military Active Teacher

## Student 1 Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions/Other Info: \_\_\_\_\_

## Student 2 Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions/Other Info: \_\_\_\_\_

## Student 3 Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions/Other Info: \_\_\_\_\_

## Waiver and Release

I have read and understand the ASSUMPTION OF RISK, WAIVER OF LIABILITY, SAFETY GUIDELINES AND POLICY ACKNOWLEDGEMENT, PHOTO RELEASE and MEDICAL AUTHORIZATION on the back of this form and I VOLUNTARILY affix my name in agreement.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**ASSUMPTION OF RISK • WAIVER OF LIABILITY • SAFETY GUIDELINES AND POLICY ACKNOWLEDGMENT • PHOTO RELEASE • MEDICAL AUTHORIZATION • HEALTH AND SAFETY ACKNOWLEDGMENT**

THE FIVE AGREEMENTS below pertain to participation at and for K2 Academy of Kids Sports and their respective officers, employees, volunteers, subcontractors, tenants, and other agents, hereafter collectively referred to as “K2”.

**1. CONSENT TO PARTICIPATE FOR MINORS**

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 K2.

**2. PERPETUAL COVENANT NOT-TO-SUE**

In consideration for my child(ren)’s or my participation at K2 I hereby, for myself and/or my child(ren) and our respective heirs and successors, PROMISE NOT-TO-SUE and FOREVER RELEASE K2 from all liability resulting from damages or injuries incurred as a result of participation at or for K2. 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 K2 and that this agreement remains in force until I revoke it in writing.

**3. ASSUMPTION OF RISK**

I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities, which may include but is not limited to cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, martial arts, gymnastics, and physical activity in general.

I acknowledge that sports and activities involving height, motion or inversion including but not limited to gymnastics, trampoline, cheerleading, stunting, pyramids, ninja zone, parkour, martial arts, dance, swimming, and ball sports carry the risk of severe injury, including paralysis or death. I recognize that any activity in or around water can result in brain damage or drowning. I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by such bacteria or viruses by attending K2 and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at K2 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, K2 employees, volunteers, and program participants and their families. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s or my attendance at K2 or participation in K2 programming.

**4. 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 K2 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 K2.

**5. PHOTO AND VIDEO RELEASE.**

I grant my permission to K2 to use my children(s) or my image, likeness, or sound of voice in publications, social media and other media used by, produced by or contracted by K2. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my, or my children(s) participation, I understand I will not receive payment or other compensation for the use, including promotional use, of any image or recording.

**NOTE:** Acceptance of these five agreements is required to enroll in any K2 programs.

For Front Office Use Only

Form Complete \_\_\_\_\_ IClass \_\_\_\_\_ Enroll \_\_\_\_\_ Acct charged \_\_\_\_\_ Payment \_\_\_\_\_ ES to TmLdr \_\_\_\_\_