



Family Name: _____ **Student Information** Home Phone () _____

Parent/Guardian 1: _____
 Place of Business _____ Occupation _____ Phone () _____

Parent/Guardian 2: _____
 Place of business _____ Occupation _____ Phone () _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian 1 Cell () _____ Parent/Guardian 2 Cell () _____

Most Used Email Address: _____

Emergency Contact's Name/Relation _____ Phone () _____

Medical conditions or allergies to which we should be alerted _____

Class Information

Name _____ Sex _____ Age _____ DOB ____/____/____
 1st Choice*Program _____ Grade _____ Day _____ Time _____
 2nd Choice* Program _____ Grade _____ Day _____ Time _____

Name _____ Sex _____ Age _____ DOB ____/____/____
 1st Choice* Program _____ Grade _____ Day _____ Time _____
 2nd Choice* Program _____ Grade _____ Day _____ Time _____

Name _____ Sex _____ Age _____ DOB ____/____/____
 1st Choice* Program _____ Grade _____ Day _____ Time _____
 2nd Choice* Program _____ Grade _____ Day _____ Time _____

*** We'll see you the 1st day of class! NO News is Good News! We call only if there is difficulty supplying your first class choice!**

Payment Information

Annual Family Registration Fee...**Non Refundable**...\$40.00..... \$ _____

Tuition..... Full Payment w/ 5% discount..... \$ _____ \$ _____ \$ _____
 1st Installment..... \$ _____ \$ _____ \$ _____

Total..... Check # _____ Credit Card _____ Cash _____ \$ _____

Automatic Payment We will charge tuition automatically until you notify us in writing 30 days prior.

Credit Card Information Filled Out*:
 *We require credit card information from all families in the event of deficient payment. This will only be used if you are more than 2 weeks past due. Please hand in a written withdrawal notification to the front office if you are no longer attending classes. All information will be stored in a security coded program.

Signature _____

ASSUMPTION OF RISK * WAIVER OF LIABILITY * PHOTO RELEASE * MEDICAL AUTHORIZATION

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, rock climbing, and outdoor play can result in severe injuries, permanent paralysis, brain damage, or even death.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE, Aim High Academy, Inc., each of their respective officers, directors, shareholders, employees, contractors, invitees, licensees, and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If, despite this agreement, I or any third party on my behalf makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such a claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you.

I have read and understood this Assumption of Risk, Waiver of Liability, Medical Authorization, and Photo Release.

PARENT/LEGAL GUARDIAN'S Signature _____ Date _____
 PARENT/LEGAL GUARDIAN'S Printed Name _____