

Centre Academy
PO Box 538 (Mailing address)
4196 AA Hwy. Maysville, KY 41056
(606) 759-5056

E-Mail address: centreakademy@maysvilleky.net

Student name: _____ Birth date: _____

Mother: _____ Occupation: _____

Father: _____ Occupation: _____

Address: _____

Daytime phone: _____ Evening Phone: _____

Parent Cell: _____ Student Cell: _____

Home E-mail address: _____

Student E-mail address: _____

How did you find out about Centre Academy ? _____

If the student has had previous dance or gymnastics training, please list all schools attended and number of years/months at each. List most recent first:

Please provide the following Insurance information:

Primary Emergency Contact (Name) _____ Phone # _____

Relationship to Student _____

Secondary Emergency Contact _____ Phone # _____

Relationship to Student _____

Physician's Name _____ Phone # _____

Preferred Hospital _____

Insurance Carrier Name _____

Name on Insurance Card _____

Group / Policy # / ID # _____

Are there any special medication conditions? (Circle) NO YES If yes, list: _____

Has the student had a physical in the past 3 years? (Circle) NO YES

Minor Waiver/Release
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

IN CONSIDERATION OF _____,
Name of Minor Child

my child/ward, being allowed to participate in any way Centre Academy, related events and activities, the undersigned acknowledges, appreciates, and agrees that? The risk of injury to y child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Centre Academy; its directors, volunteers, other participants, sponsors, and owner and lessors of premises used to conduct any event or activities, WITH RESPECT TO ANY AN DALL INJURY, DISABILITY, DEATH, LOSS, OR DAMAGE to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. I, for myself, my spouse, my child, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my involvement or participation in the programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
4. And I, the minor's parent(s) and/or legal guardian(s), give permission for Centre Academy to use my child's name, photograph, and/or video in advertising, marketing, or other such promotions.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Father/Guardian Name _____

Signature _____ Date _____

Print Mother/Guardian Name _____

Signature _____ Date _____

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for following the rules and regulations, and accept them as a participant.

Print Participant Name _____

Signature _____