



Athletic Edge Sports Center  
 10 Nassau Place  
 Staten Island, New York 10307  
 Phone (718) 608-0100  
 Fax (718) 608-0109  
 Web Address:  
 Athleticedgeny.com

**OFFICE USE ONLY**  
 2017-2018 Session # \_\_\_\_\_  
 New Student: yes / no \_\_\_\_\_  
 Updated in iClass Initial: \_\_\_\_\_  
 Payment Method: \_\_\_\_\_  
 Amount paid: \_\_\_\_\_  
 Date paid: \_\_\_\_\_  
 Rev Log: \_\_\_\_\_ Taken by: \_\_\_\_\_  
**PVT / BBS / OT / REC**

## 2017/2018 WAIVER CONTRACT

Please read & fill out all sections completely. Please write clearly.

MOTHERS NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_ MOBILE # \_\_\_\_\_  
 FATHERS NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_ MOBILE # \_\_\_\_\_  
 EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 PHYSICIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_ MEDICAL INSURANCE POLICY \_\_\_\_\_

EMAIL ADDRESS (Please list an email address you'll check daily): \_\_\_\_\_

HOW DID YOU HEAR ABOUT ATHLETIC EDGE SPORTS CENTER? S.I. Parent Magazine / S.I. Advance / Friend / Other (please list) \_\_\_\_\_

<u>STUDENT NAME (S)</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>	<u>M/F</u>	<u>NAME OF CLASS OR PROGRAM</u>	<u>DAY</u> (Please do not abbreviate)	<u>TIME</u>

**MEDICAL:**

We suggest that all gymnasts and athletes have a medical examination before participating in gymnastics and all activities and the sports center should be made aware of any allergies, ailments or handicaps in *writing*.

Initial here

**PHOTO RELEASE:**

I hereby authorize Athletic Edge Inc. to publish photographs taken of myself and or children for the use of print, online and video based marketing material, as well as other company publications (Athletic Edge Website, Social Media; Instagram, Facebook, Twitter etc.) Initial here

**WAIVER & RELEASE:**

I am aware that in addition to the usual dangers and risks inherent in the sport of Gymnastics, Cheerleading, Martial Arts and Trampoline, certain additional dangers and risks are present when using Athletic Edge Sports Center Inc. Facilities, Gymnastic Equipment and Trampoline, including, but not limited to, the danger and risk of falling, landing, performing tricks, and colliding with other students, staff, media personnel and spectators. By signing this waiver, I freely accept and fully assume responsibility for all such dangers and the possibility of personal injury, death, property damage or loss resulting there from. Athletic Edge is not responsible for lost, damaged or stolen items. I, hereby certify that my child or children are covered by my own medical insurance, and that I have read and understand this release of liability prior to signing it, and I am aware that by signing the release of liability, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the releases. Initial here

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF PARENT/GUARDIAN \_\_\_\_\_