

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						
2018-2019 Session #						
New Student: yes / no						
Updated in iClass Initial:						
Payment Method:						
Amount paid:						
Date paid:						
Rev Log: Taken by:						
PVT / BBS / OT / REC						

## 2018/2019 WAIVER CONTRACT

Please read & fill out all sections co	mpletely.	Please write clearly.					
MOTHERS NAME				WOI	RK #		
ADDRESS		ZIP CODE		MOI	MOBILE #		
FATHERS NAME		HOME #		WO	WORK#		
ADDRESS		ZIP COD	E	MOBILE #			
EMERGENCY CONTACT NAME		PHONE	PHONE		RELATIONSHIP		
					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)							
STUDENT NAME (S)	<u>AGE</u>	DATE OF BIRTH	M/F	NAME OF CLASS OR PROGRAM	<u>DAY</u> (Please do not abbreviate)	TIME	
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:  Thereby 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 Medinstagram, 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 waive 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  DATE							
PRINT NAME OF PARENT/O	GUARDIA	AN					