

Where Champions Train



5433 Beethoven Street Los Angeles, CA 90066 (310) 735-7723
www.bcagym.com info@bcagym.com

CLASS REGISTRATION FORM

Athlete's Full Name M F Date of Birth
Home Address City Zip
Home Phone School
Parent's Full Name Email
Work Phone Cell Phone
How did you hear of Beach City Athletics? Website Ad Expo/Performance Friend

PLEASE INDICATE YOUR CLASS(ES) BELOW:

Session I: May 4th- June 28th

Session II: July 12th- August 30th

Table with 5 columns: Session, Day, Time, Class, Fee

Total Amount Due \$ VISA MASTERCARD CASH CHECK #

Checks should be made payable to: Beach City Athletics

Cardholder's Name Card Number

I authorize the charge of the Total Amount Due to the Credit Card provided and agree to pay the charge in accordance with my Merchant Cardholder Agreement.

Cardholder's Signature Card Exp. Date

Appearance Agreement: I understand that Beach City Athletics (BCA) from time to time produces promotional materials relating to its programs. I understand that as a participant in and/or spectator at Beach City Athletics, my child may be included in videotapes or photographs taken during the course of their membership in the BCA Program. Therefore, without reservation or limitations, I, on my own behalf and on behalf of my child, hereby assign, transfer, and grant to Beach City Athletics, their successors, assignees, licensees, sponsors, and television networks, and all other commercial exhibitors in advertising and promoting the program or in advertising and promoting similar future events.

(Please Complete Both Sides)

Athlete Signature Date

Parent Signature Date

### Emergency Information

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Doctor's Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Current Medical Conditions (which may affect participation) \_\_\_\_\_  
Please list any and all allergies \_\_\_\_\_

### CLASS POLICIES

1. Classes are limited to 8 students per class. Registration and Payment are due in advance of the class session. Classes meet once per week and run for six (6) weeks per session during the Summer and eight (8) weeks per session during the year. Enrollment is on a first come, first serve basis and is not complete until full payment is received.
2. Drop in enrollment is not permitted that have 8 registered students (regardless of actual attendance). If there is space available, drop-ins will be accepted at the rate of \$25 per class.
3. Tuition for classes is non-refundable. If it is necessary to drop your class within a session, BCA will issue a credit for the remaining classes to be used towards enrollment in a future session within 12 months of issuance.

### RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I, the undersigned parent or guardian, do hereby grant permission for my child, \_\_\_\_\_, to participate in the athletic activity of All Star Cheerleading at Beach City Athletics. I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility and risk that my child may sustain physical illness, injury, paralysis, or death in connection with her participation. I further acknowledge and understand that my child is assuming the risk of the same by his/her participation in this activity. I understand that Beach City Athletics follows the safety guidelines of the American Association of Cheerleading Coaches and Administrators (AACCA) and the United States All Star Federation (USASF) as well as its own established rules and regulations pertaining to conduct, behavior, and activities of All Star Cheerleading participants which my child must abide by. Based thereon, my child and I release and forever discharge Beach City Athletics, Jamilah Watson, Jordan Lewis, its representatives, employees, volunteers, and agents from any and all claims, losses, liabilities, demands, or actions for any illness, injury, or death that my child sustains during participation in this activity. I have read the RELEASE OF LIABILITY, ASSUMPTION OF RISK, & INDEMNITY, understand that my child and I have given up substantial rights by signing it, and have signed it freely without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Further, I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my child, and to prevent further injury and/or death. If possible, I wish to be contacted before any procedures are initiated; however, if the injuries are catastrophic, life threatening, or I am unable to be reached, I give permission to the emergency care physicians, support personnel, Beach City Athletics to do what they deem necessary in the best interests of my child.

**Statement of Understanding:** I have fully read and agree to the above RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT.

*(Please Complete Both Sides)*

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_