

Student Information				
Last Name _____	First Name _____	Age _____	Sex _____	DOB ____/____/____
Address _____		City _____	Zip _____	
Medical conditions or allergies to which we should be alerted _____				
Parent's Name _____		Home # () _____	Work # () _____	
Parent's Name _____		Home # () _____	Work # () _____	
E-Mail Address _____		Cell () _____		
Emergency Contact _____		Tel# _____	Doctor _____	Tel# _____
How did you learn of Powerplay? _____				
Photos may occasionally be taken of class participants. Is Powerplay free to use such photos in marketing publications without compensation to you? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Class Information				
Type Of Program	Term	Day	Time	Instructor

Payment Information				
Annual Administrative fee -\$50 (unless paid within the last 12 months)..\$ _____		Tuition (Full payment required.) \$ _____		
Payment Enclosed.....Check # _____	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Name on credit card _____				
Card number _____		Exp Date _____	CVC # _____	

ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, swimming and diving. In addition I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my children to participate in any and all Ekistics, Inc., dba Powerplay programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my children's participation I hereby, for myself and my children and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Powerplay, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Powerplay and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my children as a result of any injury sustained while participating at or for Powerplay.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN'S signature _____ Date _____

We do NOT send confirmations: assume your first choice has been accepted. **Please read the Registration Agreement BEFORE signing Registration Form. KEEP your Registration Handbook for your records.**