

## SUPERKICK CLIENT REGISTRATION FORM

<b>Athlete Name/ Client Name</b> (First and Last Name)		Date of Birth:	Age:	<input type="checkbox"/> Male
		<input type="checkbox"/> Female		
Street Address:				
City:			Zip	
Phone number with Area Code:	Have you been a client at SuperKick prior to this date?		Team/Club Affiliation	
<input type="checkbox"/> Cell	<input type="checkbox"/> Yes			
<input type="checkbox"/> Home	<input type="checkbox"/> No			
Email Address:				
<b>Parent/ Guardian of Client if under 18:</b> (First and Last Name)			<input type="checkbox"/> Mother	
			<input type="checkbox"/> Father	
			<input type="checkbox"/> Other (list)	
Street Address (if different than client):				
City:			Zip	
Phone number with Area Code:	Are you the primary contact for Emergencies?			
<input type="checkbox"/> Cell	<input type="checkbox"/> Yes			
<input type="checkbox"/> Home	<input type="checkbox"/> No			
Please list other emergency contacts and phone numbers if applicable:				
Additional contact: _____				
Additional contact: _____				
Email Address of parent/ guardian:				

### CONSENT FOR MEDICAL TREATMENT OF A MINOR

I hereby give my consent for all medical care prescribed by a duly Licensed Doctor of Medicine for \_\_\_\_\_ as his/her parent/legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**See other side to complete this form.**

## **RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in SuperKick/TeamZone program, related events and/or activities, the parent/guardian signing this form acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I (Parent/Guardian) KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assumes full responsibility for the participation of the athlete named on the reverse side of this sign-in document; and
3. I (Parent/Guardian) willingly agree to comply with the stated and customary terms and conditions for participation. If, however, parent/guardian observes any unusual significant hazard during athlete's presence or participation, parent/guardian will remove said athlete from participation and bring such to the attention of the nearest official immediately; and,
4. I, (Parent/Guardian), for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the SuperKick (local franchisee and the franchisor), their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertiser, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I (Parent/Guardian) HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I (Parent/Guardian) HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I
6. I further grant SuperKick/ Teamzone, the right to photograph, videotape, and/or record me and/ or my child and to use my or my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. I would like to receive free email promotions to the email address provided. I may unsubscribe to emails from SuperKick at any time.

Participant or Parent/Guardian Signature if client is a minor: \_\_\_\_\_

Date Signed \_\_\_\_\_

## **CANCELLATION POLICY (if applicable)**

If you/your child fail(s) to attend a scheduled training session, or cancellation of session is made within 24 hours of appointment, the session will be deducted from the purchased training package. If you cannot attend your scheduled session, kindly give us at least 24 hours advance notice to avoid the deduction of this session from your package. I (Parent/Guardian) HAVE READ THIS CANCELLATION POLICY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I (Parent/Guardian) HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant or Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_