

SSB Kids! REGISTRATION form
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

Check No. _____
Amount: _____
Rec'd & Input by: _____
Registration Amount: _____
Tuition Amount: _____

Name of Participant: _____ Date of Birth: _____ M/F

Name of Participant: _____ Date of Birth: _____ M/F

Class: _____ Day & Time: _____

Address: _____ City _____ State _____ Zip _____

Parent Email address: _____

Emergency Contact & Number: _____ How did you hear about SSB?

Mother or Guardian: _____	Father or Guardian: _____
Work #: _____ Cell phone #: _____	Work #: _____ Cell Phone#: _____
Dr. Name & Phone: _____	

PARENTAL CONSENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I have read the policies brochure and agree to abide by its terms.

In consideration of participating in the sport events at SSB Kids! I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue SSB Kids!, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors (lessons) of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations; and I future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it 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.

Concussion Policy:

All staff at SSB Kids! Kids in Motion Academy are educated on concussion protocol through SSB Kids! I concur that I have read the concussion policy on the SSB Kids! website and acknowledge understanding of the severity of concussions. I agree to report to administration if my child shows signs of concussion. I also understand that my child will be removed from activity by staff for evaluation. In cases of severe head injury, the child will be transported by EMSA to the hospital for professional medical evaluation.

Medical Release:

The undersigned gives permission for the SSB Kids! Inc. owners, officers, employees and /or agents to seek emergency medical treatment for the participants(s) in the event they are unable to immediately reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Payment Information:

Non-refundable, annual registration fees are due upon enrollment. Tuition payments are due the 1st week of each month. No spot is guaranteed until payment has been received. Those paying after the 8th of the month will incur a \$10.00 late fee. No child is permitted to participate on the third week until full payment is made. ABSOLUTELY NO REFUNDS! Please give the office a 20-day written notice if your child discontinues for any reason. Auto payments will be stopped for the following month only if written notice is given 20 days prior.

Transportation Release:

I give my permission for my child to be transported by an SSB Kids! vehicle for field trips or other places which are known to the parents.

Marketing Release:

I understand that my child's likeness may be used in SSB Kids! ads, promotional videos, website or other marketing material. These images will be used by SSB Kids! purposes only, and will not be sold or have any name identification associated with them.

Yes, I have read and understand above, Print name of parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date: _____