

# NEOPHYTE PERFORMANCE

## Registration and Medical Waiver (Acrobatics)

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Physician/Medical Practitioner: \_\_\_\_\_

What Class is your child enrolling into?

- Monday Beginner Acrobatics 3:45pm
- Monday Intermediate Acrobatics 4:30pm
- Monday Advanced Acrobatics (1.5 Hours) 5:30pm
- Tuesday Boys ONLY 3:45pm
- Tuesday Intermediate Acrobatics 4:30pm
- Tuesday Adults Acro/Stretch and Flex 5:15pm
- Wednesday Beginner Acrobatics 3:45pm
- Wednesday Intermediate Acrobatics 4:30pm
- Wednesday Advanced Acrobatics (1.5 Hours) 5:30pm
- Thursday Beginner 3:45pm
- Thursday Intermediate Acrobatics 4:30pm
- Thursday Advanced Acrobatics (1.5 Hours) 5:30pm

**MEDICAL WAIVER** By signing this waiver, I, the legal guardian of the student(s) I have registered for Neophyte Performance, agree to the following conditions: I authorize Neophyte Performance to contact the persons named as parents or emergency contacts and to authorize the named physician to render such treatment to my child as deemed necessary. I assume full financial responsibility for emergency medical care for the participant while he/she/they is enrolled and/or trialing any class. Further, this signed statement certifies that my child is medically cleared to participate in the Neophyte Performance Acrobatic Classes and to participate in all activities as described in the class descriptions while he/she/they is enrolled in class.

I \_\_\_\_\_ (parent/guardian of enrolled student) have read and understood the medical waiver, and agree to be bound by it.

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Parent/Guardian Signature: \_\_\_\_\_

## Declaration

The staff at Neophyte Performance take the safety of all students very seriously and will endeavor to ensure the highest safety standards are adhered to at all times. I parent/guardian acknowledge that acrobatic classes can involve a risk of personal injury and that Neophyte Performance and Staff accept no responsibility for any injury caused during activities at the studio or any associated performances or competitions.

Parent Guardian Signature: \_\_\_\_\_

# NEOPHYTE PERFORMANCE

## Health History:

Does your child have any restrictions with physical activity? YES / NO

Does your child require/have an EpiPen? YES / NO

Does your child have any dietary restrictions? YES / NO

Does your child have asthma or a history or asthma related episodes?

YES / NO

Does your child have Epilepsy related episodes/seizures?

YES / NO

Information: \_\_\_\_\_

Any other known medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

Please see Maddison (Acrobatic Director) to discuss any further concerns or queries regarding your child's enrolment. We endeavor to provide the most positive and all-inclusive environment to all athletes. We look forward to seeing you in 2024.

# NEOPHYTE PERFORMANCE

## Social Media and Marketing Permission Form

At Neophyte Performance, our coaches and staff are often taking photos and videos of our coaches and athletes to showcase and share our programs, activities, circuits and studio with our local community. This content is primarily used within our studio on our Neophyte Performance Instagram, Facebook and social media pages (website). At times this content may be used in marketing collateral, such as digital advertising, service flyers, brochures, and other marketing purposes.

- I/We **give permission** for our child's photo and/or video to be utilized by Neophyte Performance.
  
- I/We **do not give permission** for our child's photo and/or video to be utilized by Neophyte Performance.

Name of Child \_\_\_\_\_

Guardian Full Name \_\_\_\_\_

Signature \_\_\_\_\_

### Please Note:

While we endeavor to take photographs of individual children, sometimes more than one child may appear in an image. Please be aware that parents may tag or share photos containing images of their own child, but other children may also be present in the same image. By signing our social media permission slip, you are agreeing to the above policy, and acknowledge that photographs of your child/children may be shared by other parents/individuals on our social media pages.