

2022-23 Midwest Twisters Student Under 18 Registration Form

Student Name: _____ Date of Birth: ____/____/____

Parent Name: _____ Phone: (____) _____ - _____
(We must be able to reach you by phone during your child's class if you are not present)

Mailing Address: _____ City/State: _____

Zip: _____ Primary Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: (____) _____ - _____
(Name and phone number of someone to contact during actual class time)

MIDWEST TWISTERS' TUITION & ATTENDANCE POLICIES

My Initials next to the following indicate that I understand, acknowledge, and agree:

X _____ Our viewing area is limited. Please, only 1 or 2 viewing at a time. You may view on your phone

X _____ **Long hair must be tied back, long braids must be secured, no oily hair product please.**

X _____ **Bottled water ONLY - Other drinks, food, candy, trash NOT PERMITTED IN BUILDING.**

Please help us keep the facility clean for you.

What should we know about the participant?

Please attach an explanation regarding any medical/physical/cognitive concerns /limitations.

Permission for Medical Treatment and Hold Harmless Agreement. I (we), despite all reasonable precautions implemented for safety, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as damages and losses associated with participation in Midwest Twisters programs and activities and that I/we assume all such risks. Consequently, I/we do hereby for myself, heirs, executors, and administrators, do waive and release any and all rights and claims for damages against the owner, staff and agents of Midwest Twisters, Inc. from personal injury, accident of any sort suffered by me and/or my child, the undersigned, by reason of participation or membership in classes, lessons, or any programs or activities of Midwest Twisters, Inc.

I certify that the student named on this form is in good health. I hereby authorize simple first-aid, consent to x-ray, exam and emergency room treatment or surgical diagnosis which is deemed necessary should I not be physically present when such decisions must be made. I understand every effort will be made to contact me in the event of an emergency. It is my responsibility to keep personal contact information current. (Initial) X _____

Minor Release. I, (please print) _____, the minor's parent/legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses or damages on the minor's account. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releases named above, I will indemnify, save and hold harmless each of the releasee's from any litigation expenses, attorney fees, loss liability, damage, or any cost which may be incurred as as the result of any such claim.

Parent/Guardian Signature: _____ Date: _____