



Registration Form

Student Full Name _____ Date of Birth ____/____/____
 Address: Street _____ City _____ Zip Code _____
 Email: _____

Parent/Guardian 1: Name _____ Relationship _____
 Home Address: Street _____ City _____ Zip Code _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian 2: Name _____ Phone: _____

Emergency Contact: Name _____ Phone: _____

Insurance Information: Carrier _____ Policy/Group# _____

Health History and Medications (check all that applies): Asthma _____ Seasonal Allergies _____ Insect Bites & Stings _____
 Food Allergies _____ Penicillin _____ Other Drugs _____ specify _____
 Medications for Above: (including: **Epi-Pen or Inhaler***) _____ Allergy Explanation: _____

"MEDICATION INFORMATION SHEET"

Any other medical concerns (such as diabetes, epilepsy, chronic headaches, etc.) not noted above? _____

Any specific activities to be limited: _____

Release of Liability for Personal Injury

I _____ do hereby release Evolution Action Sports Training LLC its owners, operators, instructors, employees and agents from any and all liability for personal injury to me or my child and/or ward as the result of any negligence arising out of or in the course of or in any way related to my or my child's use of the facilities, equipment, apparatus or premises of at Evolution Action Sports Training LLC at 661 Pleasant Street , Norwood, MA. On behalf of myself and my child, I agree to indemnify and hold harmless the said claims, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child. By signing this release, I acknowledge my understanding and acceptance of the following: That all action sports require strength, agility and concentration and that it is solely my responsibility to determine that my child is in good health and good physical and mental condition before permitting my child to exercise, work out, receive instruction or perform. That all sports require twisting, turning, jumping, flexion, extension and rotation, which movements are often performed with considerable force and/or at considerable height and which can result in severe, permanent personal injuries, including, but not limited to, bruised, strained, sprained or torn muscles, tendons and ligaments, broken bones, derangements or dislocations of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. That all sports require the use of apparatus and/or equipment, which may cause or contribute to serve, permanent personal injuries, such as those described above.

Medical Authorization Form and Release

I _____, for myself and as the parent and/or legal guardian of _____, age _____, do hereby authorize Evolution Action Sports Training LLC to transport my child and/or ward to a doctor, hospital or other health care facility. I release Evolution Action Sports Training LLC, its owners, instructors, employees, agents and servants, from any and all liability for personal injury to me or my child and/or ward as the result of any negligence in transporting medical or hospital treatment or any delay in such transportation, selection or treatment. By signing this release, I acknowledge my understanding and acceptance of the following: Evolution Action Sports Training LLC has my permission to use its discretion in determining whether my child and/or ward requires medical attention and, if so, to use its discretion in transporting my child, selecting a health care facility and obtaining treatment for him/her. I HAVE READ THE MEDICAL AUTHORIZATION RELEASE AND RELEASE OF LIABILITY FOR PERSONAL INJURY AND I ACKNOWLEDGE MY UNDERSTANDING AND RESPONSIBILITY OF FOLLOWING THESE POLICIES AND PROCEDURES.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____