

**YOUTH FITNESS ZONE  
Enrollment/Waiver Form**

1<sup>st</sup> Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
2<sup>nd</sup> Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
3<sup>rd</sup> Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Mother/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
Father/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

**ASSUMPTION OF RISK, WAIVER OF LIABILITY**

By the very nature of activities involving height or motion, including, but not limited to, gymnastics, tumbling, trampoline, dance, cheerleading, strength training, sports conditioning, aerobics, climbing wall, and other sporting activities there is a risk of physical injury. No matter how careful the student and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes and always includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. As the legal guardian of the above named person(s), I hereby waive and hold harmless Youth Fitness Zone, LLC, any and all staff working in conjunction with Youth Fitness Zone, LLC whether paid or volunteer, and any and all facilities and transportation vehicles Youth Fitness Zone, LLC deems necessary to use or teach from or be associated with for any injuries, claims or damages in conjunction with Youth Fitness Zone, LLC.

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE**

I confirm that my child is in good health, and that I have medical insurance on my child or, in the absence of medical insurance, agree to personally assume any and all necessary medical expenses while he/she is enrolled. I hereby authorize simple first aid and consent to any x-ray, exam, and medical or surgical diagnosis that is deemed necessary in case of emergency. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Youth Fitness Zone, LLC.

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_  
Doctor's Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Special Medical Conditions: \_\_\_\_\_

**SIGNATURE**

I understand, as with any athletic activity that involves motion or height, participation creates the possibility of injury. I have read and understand the risks involved in my child's/ward's participation with Youth Fitness Zone, LLC. I hereby consent and wish to have my child/ward actively participate at Youth Fitness Zone, LLC and accept ALL risks associated with that participation.

I also give permission for photographs and videos of my child/ward to be used in print or broadcast media as deemed appropriate for the promotion of any Youth Fitness Zone, LLC activities.

Parent/Guardian: \_\_\_\_\_ Relation to student(s): \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please return this form with Registration Fee (\$25 single child enrolled or \$40 two or more children enrolled) to:

**YOUTH FITNESS ZONE, LLC    1311 S. WESTERN    STILLWATER, OK 74074**  
(405) 533-4033    Fax 405-533-4073    [www.youthfitnesszone.com](http://www.youthfitnesszone.com)