



Date: \_\_\_\_\_

**Student Information**

Student's last name	First name	sex	age	birthdate
Second child's last name	First name	sex	age	birthdate
Third child's last name	First name	sex	age	birthdate

**Parent/Guardian Information**

Mother's name	Contact Number	Email address	
Father's name	Contact Number	Email address	
Home Address	City	Zip	Home Phone
Emergency Contact name	Contact Number		
If not parent, Name of person attending classes with child(ren)	Relationship		

**Medical Information**

Please list any physical limitations, allergies or other current ailment your child has:

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

\_\_\_\_\_  
Doctor's name Phone Number

**How did you hear about us?**

Birthday Party   
 Internet   
 Mailer   
 Phone book   
 Friend (name?) \_\_\_\_\_  
 Advertisement (which one?) \_\_\_\_\_   
 Fair (which one?) \_\_\_\_\_  
 Charity event/Silent Auction (which one?) \_\_\_\_\_   
 Other \_\_\_\_\_

**Authorization to use Voice, Image and Likeness**

I hereby authorize my child/children to be videotaped and/or audio taped during an enrolled class at Rolly Pollies. As a parent of a child enrolled at Rolly Pollies, I hereby agree that Rolly Pollies may make video or audio recordings of my child's voice, image and/or likeness. I further understand that Rolly Pollies preserves such videotapes and audio tapes for its own use for the benefit of educational training, marketing and advertising. I acknowledge that the rights to any such recording belong solely to Rolly Pollies and I make no claim to any rights in such recordings. To the extent necessary, I assign any copyright or other right which I may have in my child's action as captured on such video and audio tape fully, completely and without royalty to Rolly Pollies.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**Over, Please**

Parental Consent and  
Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement (“Agreement”)  
(Adult and Minor)

In consideration of participating in the Rolly Pollies Gymnastics, Music and Creative Arts programs, I represent that I understand the nature of these activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I, the child(ren)’s parent and/or legal guardian, understand the nature of the above referenced activities and the child(ren)’s experience and capabilities, and believe the child(ren) to be qualified to participate in such activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity(s). I fully understand that these activities involve risk of serious bodily injury, 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 actions or inactions of the releasees named below; and that there may be other risks either not known to me or not readily foreseeable at the 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(s).

Rolly Pollies, its instructors and other staff members, will not accept responsibility for injuries sustained by any student during the course of Gymnastics, Tumbling , Creative Arts, Music or any other event he or she may participate in while enrolled in our program. With this in mind, and being fully aware of the risks and possibility of injury involved, I, the undersigned, consent to have my child(ren) participate in the programs offered by Rolly Pollies. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Rolly Pollies and/or its representatives whether paid or volunteer.

Child #1		Child #2		
Child #3		Child #4		
Printed name of Parent/Legal Guardian		Signature of Parent/Legal Guardian		Date