



2016 Enrolment Forms

Student Details

First Name: _____ Last Name: _____

Address: _____

Suburb: _____ Post Code: _____

Date of Birth: _____ Age: _____ Male/Female: _____

Phone Number (M): _____ (H): _____

Email: _____

Parent Details

Mother/Guardians Name: _____

Mother/Guardians Phone Number (M): _____ (H): _____

Father/Guardians Name: _____

Father/Guardians Phone Number (M): _____ (H): _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number (M): _____ (H): _____ (W): _____

Address: _____

Suburb: _____ Post code: _____

Name: _____ Relationship: _____

Phone Number (M): _____ (H): _____ (W): _____

Address: _____

Suburb: _____ Post code: _____

Medical History

Please provide detail of any medical condition that your child may suffer from

Do you have any allergies (these include medical, food/drink allergies/ bee stings)? yes / no (please circle)
If yes, please list:

Please list any medical conditions that you have (for example, asthma, diabetes, epilepsy): yes / no (please circle)

If yes, please list:

Please list any regular medications you require (include dosage)

Medication Authorisation form must be filled in if medication required during competitions, practices, events and/or game day times:

Sports injury details

Please list any current or recurring injuries:

Do you suffer from recurring pain in any joint when playing sport? yes / no (please circle)

If yes, please provide details:

Do you wear protective equipment? (for example knee brace, wrist brace?) yes / no (please circle)

If yes, please provide details:

Do you require specific taping/padding for a previous injury? yes / no (please circle)

If yes, please provide details:

Have you ever had a head, neck or spinal injury? yes / no (please circle)

If yes, please provide details:

Do you have doctors clearance to participate in athletic activities? yes / no (please circle)

If yes, please provide details:

To the best of my knowledge, all information contained on this form is correct
(if under 18 please have a parent or guardian sign)

Signature: _____

Date: _____

Confidentiality Agreement

As a member of Phoenix Dynamic Sports Entertainment, I agree to the following terms and conditions

As a member of Phoenix Dynamic Sports Entertainment, I agree that all choreography, concepts and themes taught to me, or witnessed by me, during my time at Phoenix Dynamic Sports Entertainment are confidential and are not to be copied, recreated or reproduced at any time without prior written permission.

As a member of Phoenix Dynamic Sports Entertainment, I agree not to perform or teach to others any stunt work taught to me while at Phoenix Dynamic Sports Entertainment without the presence and direct instruction of an approved Phoenix Dynamic Sports Entertainment coach.

As a member of Phoenix Dynamic Sports Entertainment, I agree not to encourage or participate in unsafe/unsupervised stunt work that could result in injury to myself or others.

As a member of Phoenix Dynamic Sports Entertainment, I agree to respect and abide by the rules and regulations set out by Phoenix Dynamic Sports Entertainment.

Film/Photo/Media/Advertising Release Form

By signing this release form, I authorize Phoenix Dynamic Sports Entertainment, to use the following personal information:

(1) My picture – including photographic, motion picture, and electronic (video) images.

(2) My voice – including sound and video recordings.

I hereby grant to Phoenix Dynamic Sports Entertainment, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing and cannot be executed retrospectively.

I further grant Phoenix Dynamic Sports Entertainment all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Phoenix Dynamic Sports Entertainment the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Phoenix Dynamic Sports Entertainment use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I have read and understood all the terms and conditions above

Students Name: _____

Signature: _____

Date: _____

Parents/Guardians Name: _____

Signature: _____

Date: _____

PHOENIX DYNAMIC SPORTS ENTERTAINMENT, LLC RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

As Legal Guardian of the named athlete(s) above, I desire to have them participate in the activities offered by Phoenix Dynamic Sports Entertainment, LLC. I understand those activities to include, but not be limited to, all aspects of cheerleading, tumbling, dance training and competition. I understand that these activities are athletic, and it is my intent to have my athlete(s) participate in the activities at the level being offered. I certify my athlete(s) is/are in good health and physically fit and able to participate in the activities offered by Phoenix Dynamic Sports Entertainment, LLC, and I understand Phoenix Dynamic Sports Entertainment, LLC does not evaluate whether athlete(s) are fit and able to participate.

I am aware and fully understand that these activities may be dangerous. They involve the risk of damage, serious injury and even death, both to my athlete(s) and to others. I understand that there are many potential causes for property damage, serious injury and death including the negligence of Phoenix Dynamic Sports Entertainment, LLC, its owners, employees, staff, medical personnel and equipment as well as my athlete(s) own negligence and the negligence of others. In consideration of being permitted to participate in the activities offered by Phoenix Dynamic Sports Entertainment, LLC, I hereby agree to release, waive, discharge and covenant not to sue Phoenix Dynamic Sports Entertainment, LLC, its owners, agents, employees, staff, or medical personnel from all liability from any and all loss or damage I may have and any claims or demands I may have on account of injury to my athlete(s) and property or the person and property of others, including death, arising out of or related to the activities offered at Phoenix Dynamic Sports Entertainment, LLC whether caused by the negligence of Phoenix Dynamic Sports Entertainment, LLC, its owners, agents, employees, staff, medical personnel, or otherwise.

I agree to comply with all stated and posted safety rules, signs, and verbal instructions of staff as conditions for participation in the activities offered by Phoenix Dynamic Sports Entertainment, LLC.

I give consent to Phoenix Dynamic Sports Entertainment, LLC, to render first aid in the event of injury or illness, and to seek emergency medical services including ambulance and hospital care, and I agree to be responsible for all related medical expenses and costs. I understand staff members are not doctors or medical practitioners of any kind.

In consideration of my athlete(s) being permitted to participate in the activities offered at Phoenix Dynamic Sports Entertainment, LLC, I hereby agree to indemnify and save and hold harmless Phoenix Dynamic Sports Entertainment, LLC, its owners, agents, employees, staff, and medical personnel from any loss, liability, damage, or cost they may incur arising out of claims generated while in activities at Phoenix Dynamic Sports Entertainment, LLC whether caused by their negligence or otherwise. In consideration of being permitted to participate in the activities offered by Phoenix Dynamic Sports Entertainment, LLC, I agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Phoenix Dynamic Sports Entertainment, LLC, its owners, agents, employees, staff, and medical personnel, including, but not limited to, negligence, dangerous condition, latent defect, premises liability, code violations, negligent security, failure to warn, vicarious liability, negligent hiring and employment, negligent supervision, maintenance defects, improper and dangerous equipment and negligent medical treatment and is intended to be as broad and inclusive as is permitted by Iowa law and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR MYSELF AND ON BEHALF OF MY ATHLETE(S) BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, GUARANTEES OR WARRANTIES, EXPRESSED OR IMPLIED, BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I have read and understood all the terms and conditions above

Students Name: _____

Signature: _____

Date: _____

Parents/Guardians Name: _____

Signature: _____

Date: _____

Medication Authorization Form

The policy is medication will only be administered if it has been prescribed by a qualified medical practitioner, is in its original container and I have a signed permission form with directions.

I, _____, authorize _____

(Parent's name)

(Care provider's name)

to administer _____ to my child _____

(Medication)

(Child's name)

with the following instructions:

Dosage: _____

Time(s): _____

Special Instructions (ie: on full/empty stomach, etc.)

Possible Side Effects:

Parent Signature

Date

Time and date administered:

Date	Time	Provider Initials