



Registration Office Use: M___ W Sp Su F

Student Info: You may use this form for up to 3 children in the same family.

1. Name: _____ Sex ___ Age ___ DOB ___/___/___
 2. Name: _____ Sex ___ Age ___ DOB ___/___/___
 3. Name: _____ Sex ___ Age ___ DOB ___/___/___

Parent Info: Please inform us of any specific issues regarding custodial guardianship of child(ren).
 Mother's Name: _____ Phone: _____ cell: _____
 Father's Name: _____ Phone: _____ cell: _____
 Address: _____ City _____ State ___ Zip _____
 E-mail Address: _____

Emergency Contact: Must be someone other than a parent.
 Name: _____ Phone: _____

How did you learn about KYA? _____

Digital images may occasionally be taken of class participants. Is Kinetic Youth Academy free to use these images in marketing publications without compensation to you? Yes No

Course Information Office Use ct ___ db ___

Student	Choice	Course Code	Day	Time
1.	1 st			
	2 nd			
2.	1 st			
	2 nd			
3.	1 st			
	2 nd			

***See you on the first day of class! WE CALL ONLY IF WE HAVE DIFFICULTY SUPPLYING YOUR FIRST CHOICE!**

Payment Information

Annual Membership Fee.....\$ _____
 Tuition Fee (Full payment required. Fully refundable if 1st choice is unavailable.).....\$ _____
 TOTAL ENCLOSED Cash..... Credit Card..... Check # _____ \$ _____
 Credit Card: MC Visa AmEx Discover
 Name on credit card: _____
 Card #: _____ Exp. Date: _____

Medical Authorization

In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Kinetic Youth Academy, Inc and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Kinetic Youth Academy, Inc.

Parent/Legal Guardian's signature: _____ Date: _____

Assumption of Risk ♦ Waiver of Liability

Inconsideration of participating in the Kinetic Youth Academy, Inc I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, 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 negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this 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.

I hereby release, discharge, and covenant not to sue Kinetic Youth Academy, Inc, it's respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read this waiver and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Name of Adult participant: _____ Date: _____

Signature of Adult participant: _____

Name of Minor participant: _____

Signature of Parent/Legal Guardian: _____

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified 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 releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in while or in part by the negligence of the releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any releasee may incur as the result of any such claim.

Printed name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

