

# Cal Elite Kids

## Student Registration



### Student Information

Student's Last Name	First Name	Date of Birth	School (if applicable)
Parent's Name	Street Address	City	Zip Code
Primary Email		Mom's Cell	Mom's Work #
Secondary Email	Home Phone	Dad's Cell	Dad's Work #
Does your child have any physical or developmental challenges that would help us to know about? Y / N	If yes, please explain:		

### Referral Source

How did you hear about Cal Elite (Please check ALL that apply)	<input type="checkbox"/> Friend/Family <input type="checkbox"/> Birthday Party <input type="checkbox"/> Drive By <input type="checkbox"/> Yellow Pages <input type="checkbox"/> OC Register <input type="checkbox"/> Mailed Coupon <input type="checkbox"/> Community/School Performance <input type="checkbox"/> Saddleback Recreation CLASS Catalog <input type="checkbox"/> R.S.M. Community Living Brochure <input type="checkbox"/> Other _____ Which was the most influential in your decision to visit Cal Elite? _____
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### Emergency Contacts

Name	Relationship	Phone	Cell Phone
Name	Relationship	Phone	Cell Phone

### Authorization to Treat a Minor

I (we) the undersigned parent, parents, or legal guardian of \_\_\_\_\_, a minor child, authorize and consent to any emergency transportation directed by or provided by the Orange County Fire Authority for my child in the event s/he is injured while participating in classes or activities at Cal Elite Kids. I authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act, and/or the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power to render care which the aforementioned physician or dentist, in the exercise of his/her best judgment may be deemed advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that the above treatment will not be withheld if the undersigned cannot be reached.

List any medical restrictions: \_\_\_\_\_

List any allergies to foods, drugs, or other allergies: \_\_\_\_\_

Explain any special medications or medical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Date**                      \_\_\_\_\_ **Signature of Parent or Legal Guardian**                      \_\_\_\_\_ **Medical Insurance Provider and Policy Number**

This consent shall remain effective for as long as the above-mentioned minor is actively participating in lessons or activities at Cal Elite Kids or until affirmatively revoked by the Parent or Legal Guardian.

**Cal Elite Kids**  
 22982 Avenida Empresa,  
 Rancho Santa Margarita, CA. 92688  
 (949) 589-1512 Fax (949) 589-1377  
 www.calelite.com

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## Acknowledgment of Risk/Dual Release of Liability

Name of child participant:

Name of adult parent participant/guest: \_\_\_\_\_

I am fully aware of and appreciate that, despite all reasonable precautions implemented for safety, there are risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in athletic programs or activities and in being present in an athletic environment. I am aware of these risks and knowingly and willingly assume all such risks. Consequently, I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, employees and other members of Cal Elite Kids from personal injury or accident of any sort or nature suffered by me, the undersigned, or by my child, by reason of presence at Cal Elite or participation in any Cal Elite lessons (including but not limited to gymnastics, dance, cheerleading, tumbling, and swimming) programs, camps, open gyms, open swims, parents' nights out, parties, performances, special events, or other activities.

Parent's Signature for Own Presence/Participation \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature for Child's Presence/Participation \_\_\_\_\_ Date \_\_\_\_\_

## Minor Release

I, the parent/guardian of the above referenced minor child, understand the nature of athletic activities offered by Cal Elite Kids, and the minor's experience and capabilities, and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activities. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless against the owner, operator, employees and other members of Cal Elite Kids from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf, makes a claim against any of the Releases named above, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may occur as a result of any such claim.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Permission to Photograph and Release

I give permission for my child to be photographed (including still, video and sound) as a participant in Cal Elite activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotion, advertising, trade, and outright bragging about Cal Elite programs, activities, and its wonderful students!

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## We Will Follow the Safety Rules!

I understand that Cal Elite maintains strict rules regarding the safety of its students, parents, guests and employees. I understand that I am responsible to conduct myself in accordance with these rules. I am responsible to supervise my children before and after class and especially those children who may be with me who are not participating in a class. I have received a copy of *Cal Elite's Basic Safety Rules*. I have read the *Basic Safety Rules* and have read and/or explained them to my child (children) and I agree to abide by these *Basic Safety Rules* at all times.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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