

Hawai'i Academy

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REGISTRATION FORM

Class: _____	Registration Date: _____
Day: _____ Time: _____	Info _____ Calendar _____
Free Lesson Date: _____	T-Shirt _____ Photo _____
Activity: Parent-Tot Preschool Beginner Intermediate Adult Seniors Birthday Outreach HomeSchool Cheer Drill HS TEAM SpecialEd	Fit Test _____ Bring-a-Friend Credit To: _____

STUDENT INFORMATION (child or adult participant)

Student Name	Age	Sex	Date of Birth
Interest	School/Work/Occupation	Grade/Level	
Previous Experience	T-shirt size (preshrunk cotton): child S M L ;adult S M L XL		
Special Instructions/Comments	Military (or Dependent) ID:		
Student Email/Website	Student Phone/Cell		

BILLING INFORMATION (client is the person responsible for payments; REQUIRED)

Client Name	Work/Occupation	Employer/Business	
Address	City	State	Zip
Home Phone	(Mother's) Work Phone		
Fax	(Father's) Work Phone		
Email/Webpage	Pager	Cell	
How did you learn about us? <input type="checkbox"/> Yellow pages Ad <input type="checkbox"/> Web page <input type="checkbox"/> Birthday party <input type="checkbox"/> Brochure			
<input type="checkbox"/> Homeschool <input type="checkbox"/> Outreach School _____ <input type="checkbox"/> School _____ <input type="checkbox"/> Military Advertisement _____			
<input type="checkbox"/> Friend (name) _____ <input type="checkbox"/> Coach (name) _____ <input type="checkbox"/> Exhibition _____ <input type="checkbox"/> Other _____			
<input type="checkbox"/> Hawaii Parent Magazine <input type="checkbox"/> Coupon _____ <input type="checkbox"/> Another Gym School _____			

MEDICAL AND EMERGENCY INFORMATION (Personal Medical Insurance is Required)

Physical/Mental Handicaps/Challenges _____

Medical Conditions _____

Other information the HA Director should know _____

EMERGENCY CONTACT NUMBERS (in case you or your child cannot communicate; action to be taken)

Contact Name	Phone(s)	Relationship
Physician	Phone	Hospital Preference
		Insurance Provider

I have read the Informed Consent, Assumption of Risk, Release of Claims, and Indemnification Form (on the back of this page) for the activity indicated, know the content thereof, and agree to all conditions.

Agreement of Participant / Client:

Participant Signature: _____ Date: _____
(if 18 years of age or older)

Parent/Guardian Signature: _____ Date: _____
(if participant is under 18 years of age)

IMPORTANT: Please read the information on the back of this page

Informed Consent and Assumption of Risks

Hawai'i Academy (HA) provides a wide variety of activities and programs for persons of all ages in a safe and pleasant environment. However, there are certain inherent risks in almost every activity. It is your responsibility to assess your (your child's) maturity and fitness, and determine for yourself if the risks associated with this activity are acceptable to you. While we sincerely hope that every participant enjoys an injury-free activity, by your signing this form, you assume all risks associated with the activity for which you have registered. Please ask any questions of the instructor that you may need to make a fully informed decision to participate.

In consideration of my participating, I hereby release and covenant not-to-sue *Hawai'i Academy, Inc.*, the *Hawai'i Academy* Board of Directors and officers, the HA Booster Club, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of *Hawai'i Academy* or others listed for property damage, personal injury, or wrongful death, arising as, a result of my engaging in or receiving instruction in gymnastics, trampoline, tumbling, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that HA activities, like gymnastics and trampolining, are vigorous sporting endeavors involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but *never* eliminated. I understand that participation in gymnastics and related activities involves many actions incidental to active participation, including moving from event to event, conditioning, stretching and other activities that may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see me or other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

In addition, all sports require a level of fitness and health that only your physician can determine you or your child possesses. *We strongly urge that you obtain medical advice as to whether participation in this activity is appropriate.* Many undetected or chronic conditions such as cardiac disease or high blood pressure may be worsened by participation in strenuous physical activities.

Release of All Claims and Indemnification

HAWAI'I ACADEMY IS NOT RESPONSIBLE FOR LOSS OF PROPERTY OR INJURY TO ANY PERSON WHILE PRACTICING, TRAINING TAKING A CLASS, COMPETING, PARTICIPATING IN OPEN GYM OR SPECIAL EVENTS (E.G., DEMONSTRATIONS, EXHIBITIONS, SHOW), OR FOR ANY REASON.

As additional consideration for permission to participate in Academy activities, I agree to indemnify, save and hold harmless *Hawai'i Academy*, its agents, employees, and officers from any and all deaths, injuries, losses and damages to persons or property, and any and all claims, demands, suits, actions and liability therefore, caused by the participant's participation in any Academy activities.

I further agree to indemnify and hold harmless *Hawai'i Academy* and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in HA activities or any activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of *Hawai'i* and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of *Hawai'i*.

Consent For Emergency Treatment

In the event of an emergency (disaster, injury or illness), I authorize *Hawai'i Academy* instructors and/or agents to seek medical attention for me/my child(ren), as they deem necessary, and authorize treatment, if I (or others listed on this form) cannot be reach. Personal medical insurance is required of all students participating in HA classes and I verify that coverage is adequate and current.

Financial Agreement

After enrolling, I agree to pay annual fees and monthly tuition/installments until giving written notice of discontinuation (two-weeks in advance of withdrawal). Team members pay an annual tuition in monthly installments, even when not attending classes. Discontinuation of team participation should be done after the competitive season. Non-team members are obligated to pay monthly tuition until giving two-weeks notice that they are stopping. When taking vacation, please either (1) notify us of your withdrawal, (2) pay 1/2 to reserve a spot on the roll sheets, or (3) pay full tuition and make-up missing classes.

The client agrees to pay the customary charges incurred for services rendered to the student. Should the client's account be referred to an attorney for collection, the client shall pay reasonable attorney's fees and collection expenses.

All returned checks shall be charged a \$20.00 service fee (1990 Rev. Ordinances of Honolulu, Sec. 2-4.2; Ordinance 95--09).

Consent to Photograph, Media Release, and Release of Information

Digital photographs (portraits and group action shots) are taken of nearly all HA students. I hereby give *Hawai'i Academy* permission to use such pictures/images in public displays and media releases (e.g., yearbook, web page, bulletin boards, newsletters, programs, brochures, and public broadcasting releases). Also, the person shown in the photograph may request copies of their images at any time.

I hereby give permission for HA to allow the news media to film and photograph program activities at either gym provided: (1) It is for news and non-commercial purposes; (2) The program director determines that the filming, etc., will not unduly interfere with or disturb the programs; and (3) Individual children are not singled out for demonstrating, photography, or interview purposes against their wishes.

I hereby give permission for fitness profile data gathered on me or my child(ren) to be included in *Hawai'i Academy's* Longitudinal Study of Fitness and other research under the supervision of Dr Max Verduyssen or Dr Donna Mah.

Parents/Aids Assisting Students

Adults assisting students in Academy facilities assume responsibility for any injury they receive while demonstrating or assisting their children or other students in classes. Warning: Adults should NOT engage in activities for which they are not prepared. We encourage parents/adults to assist in whatever way they can, and we expect that students practice between lessons on whatever skills can be safely done at home, but we caution the adults about over-doing their activities and invite them to take adult classes. Parents in parent-tot classes and at events like birthday parties are at high risk of injury if they demonstrate to their children. Please refrain if not fit to do so.

Thank you for your cooperation, support, and enthusiastic participation.