



# AVIATOR ALLSTARS RELEASE AND WAIVER

14-15

Please PRINT CLEARLY and fill out all information that applies:

Athlete Name: \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Age on Aug 31, 2014 \_\_\_\_\_

City, Postcode: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Athlete Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Mobile: \_\_\_\_\_

Parent/Guardian Mobile: \_\_\_\_\_

Main Email: \_\_\_\_\_

Athlete Email: \_\_\_\_\_

General Practitioner: \_\_\_\_\_ phone \_\_\_\_\_

GP Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ phone \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

Please list any physical/psychological limitations, injury, or weakness that may affect the athlete's performance:  
\_\_\_\_\_

I \_\_\_\_\_, hereby agree to release and hold Aviator Allstars, as well as its agents, instructors and employees, harmless from any liability, claim, injury, damage, loss or action which may result from my participation in cheerleading, dance, tumbling or gymnastics instruction.

I authorise Aviator Allstars and its representatives to consent to medical treatment for me/my child when I cannot be reached to so consent. I also give Aviator Allstars and its representatives consent to administer the necessary emergency care to stabilise and/or improve the current injury or condition that I or my child may have sustained during activities related to Aviator Allstars instruction, practices, or performances. No prior determination of life threatening emergency or danger of serious permanent injury resulting from treatment need be made under this authorisation. Exceptions to this authorisation are as follows:

I understand that any activity involving motion, height, or athletic activities creates the possibility of serious injury or even death, and I further agree to hold Aviator Allstars and all its staff, officers, or representatives harmless for any injury or resulting expense(s). I release and discharge all rights and claims against Aviator Allstars and its parties. I have freely knowingly and voluntarily chosen to participate in this program and certify that I have no knowledge of any condition, physical or mental, which would prevent or limit my participation in these activities.

Aviator Allstars strive to provide a maximum in safety procedures and guidelines, and cannot assume responsibility for any accidents, injury, or illness that may occur. I further release and agree to hold harmless the owner and operators of the real estate where such training will occur from any obvious defect in the premises (including but not limited to parking areas, common area and walkways).

I explicitly grant Aviator Allstars and its staff, officers, or representatives the absolute right and permission to use, publish or sell the photographs, video, and/or other likenesses of myself or my child, in any medium, at any time (whether I/my child is or is not a currently enrolled athlete with Aviator Allstars), throughout the world, without any restriction whatsoever as to the nature of the use or publication or as to the copy of any printed matter accompanying the photograph(s). I waive any rights of compensation or ownership thereto. Aviator Allstars cannot be held liable for any lost or stolen items and are unable to offer any refunds.

I \_\_\_\_\_ hereby certify that I have read, understood, and agree to the provisions of the above Release and Waiver and all the above information supplied is complete and correct. By supplying my email address I agree to be signed up to the Aviator Allstars mailing list.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Athlete signature if 18 or older)

<b>Office Use Only</b>		
Date Rec:		
HJJ	SF	F16
F35	ACE	F4
CA	CEL	OG
Date Entered:		
Entered By:		

**P.T.O**



# AVIATOR ALLSTARS

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## Rules and Regulations for the gym:

Please Read the information below carefully and sign at the bottom to ensure that you have read and understood all of the following:

### Main Gym Rules:

- All fire exits must be kept clear of obstructions.
- No smoking in the gym.
- No eating or drinking on the mats, equipment or spring floor.
- The use of mobile phones during training is prohibited.
- Put all bags and belongings in the changing area. Do not obstruct any pathways or access points.
- Do not touch any electrical appliances, sockets or boxes.
- No high heels/stillette heels on the mat.
- You must wipe your shoes on entry especially if wet or muddy.

### In the event of a fire:

- Raise the alarm and inform the attending coach or members of staff.
- Leave the gym immediately, do not stop to pick up belongings, via the main entrance or any marked fire doors.
- The fire assembly point is at the main gate to the car park.
- If you have mobility impairments or require assistance during an evacuation please inform the attending coach when handing this form in or as soon as your circumstances change.

### First Aid:

- The first aid box is located next to the sound equipment. If you require first aid please inform the attending coach before accessing the supplies and if any supplies are running low.
- If you do sustain an injury, you will need to fill in and sign an accident report form which will be kept for a minimum of 3 years from the accident.
- You are responsible for providing your own supports and aids for any pre-existing conditions (e.g. heat gel, ankle supports, etc.)

**Please Note:** Aviator Allstars do not take responsibility for any possessions lost, stolen or damaged whilst on the premises, in the gym, car park vicinity or during any Aviator Allstars activity. Do not bring any expensive or valuable possessions or large quantities of money to the gym. Please pay your fees or any money due at the start of the session to minimise the chance to lose it. We recommend that anyone under 16 years old be accompanied by a responsible adult both to and from the gym and make provisions to travel in groups of 2 or more where appropriate.

### Please sign and date below to confirm that:

- You have read the rules, procedures and information regarding using the gym and agree to observe those rules.
- You do not need assistance in evacuating the gym/have informed a member of the coaching staff about your additional needs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(athlete signature if 18 or older)