



CENTRAL FLORIDA ATHLETICS LLC
Annual Registration – Permission - Health Form

This Annual Registration Form is for all Central Florida Athletics LLC activities. I understand that it is my responsibility to notify Central Florida Athletics LLC in writing as to any changes in the status of my permission or my child=s health history prior to their participation in any Central Florida Athletics LLC activities.

I give permission for my child to participate in all Central Florida Athletics LLC activities until I have provided written revocation of this permission, including those activities held away from the regular activity sites. I understand that Central Florida Athletics LLC will inform me as to off-site activities and locations prior to my child=s participation.

I will be responsible for transportation to/from activities, or am willing to permit Central Florida Athletics LLC to select transportation methods for my child.

I will notify Central Florida Athletics LLC if the Emergency Contact will be away from usual phone contact while my child is participating in a Central Florida Athletics LLC activity.

Name of Participant _____ Date of Birth _____ Male ____ Female ____
 Home Phone _____ E-mail _____ School Grade _____
 Address _____ City _____ Zip _____
 Mother=s Name _____ Father=s Name _____

Occupation _____ Occupation _____
 Work# _____ Cell # _____ Work# _____ Cell# _____
 Emergency Contact (other than parent) _____ Relationship to child _____
 Cell# _____ Home# _____ Work# _____

Name of Doctor _____ Phone _____
 Name of Insurance Carrier _____ Phone _____

Should your child be restricted in/from any activity? Yes ____ No ____ If yes, please list:

_____ (Please attach a separate page if additional space is necessary.)

Please complete the following questions about your child=s health history. Circle Ayes@ or Ano@ and/or fill in the appropriate blanks.

Any recent exposure to contagious diseases? Yes No If yes, what disease? _____ When? _____

Any recent operations? Yes No If yes, give type of operation and date: _____

Any recent serious injuries/illness? Yes No If yes, give description and date of injury/illness: _____

List present medications and why medication is being taken: _____

Suffers from:	Asthma:	Yes	No	Lung Disease:	Yes	No	Epilepsy:	Yes	No
	Diabetes:	Yes	No	Takes Insulin:	Yes	No	Cardiovascular:	Yes	No

Chronic Infection of:	Nose:	Yes	No	Throat:	Yes	No
	Ears:	Yes	No	Sinus:	Yes	No

Subject to:	Fainting:	Yes	No	Headaches:	Yes	No	Hyperactivity:	Yes	No
	Bedwetting:	Yes	No	Sleepwalking:	Yes	No	Motion Sickness:	Yes	No
	Nose Bleeds:	Yes	No	Restlessness:	Yes	No			

Does your child have any type of allergies? If yes, please list: _____

If your child is female, has she menstruated? Yes No Is the menstrual painful and/or irregular? Yes No
 Last Tetanus inoculation date _____ Any other additional information _____

I agree that the information I have provided on this form is true and complete to the best of my knowledge. **Parent initials:**

Should you desire Central Florida Athletics LLC to administer your child=s medication, a written consent form must be completed by the parent and given to Central Florida Athletics LLC . Central Florida Athletics LLC may refuse to give medication. Medication must be in a proper container with the child=s name and dosage information clearly marked. **Parent initials:**_____

If the child has suffered a serious accident or illness within the past twelve (12) months, is subject to a serious health condition, or there is any question about activity restriction, further information from the child=s doctor or specific permission to participate may be required at the discretion of Central Florida Athletics LLC. Central Florida Athletics LLC=s staff and volunteers are not qualified to care for some children with special needs. Central Florida Athletics LLC will only accept those children after evaluation. **Parent initials:** _____

In the event that my child suffers any illness or injury requiring emergency treatment while involved in any Central Florida Athletics LLC activity, I hereby give my permission for any necessary hospitalization, medication, surgery on the recommendation of medical personnel, in which case I will be solely responsible for all costs. **Parent initials:** _____

RELEASE, HOLD HARMLESS AND EXCULPATORY AGREEMENT

Physical activities like cheerleading, tumbling and gymnastics, as with all sports activities, carries an inherent risk of bodily injury or even death. These risks also extend to those present in our facility even if they are not actively participating in the activities. Such risks can be minimized through proper instruction, supervision and education, but such risks can never be eliminated. Your knowledge and appreciation of these risks is extremely important to your making an informed decision.

By signing this document, either individually, and/or in the capacity of a natural or legal guardian, you acknowledge the inherent risks of bodily injury, psychological injury, or even death, in cheerleading, tumbling and sporting activities, as well as through presence as a spectator. By signing this document you, individually and/or in the capacity of a natural or legal guardian, hereby release, hold harmless and exculpate Central Florida Athletics LLC, its owners, employees, volunteers, agents and representatives, from any and all liability for their negligence in allegedly bringing about bodily injury, psychological injury or death, as well as to any claims of negligence, as set forth above, further extends to any defective condition of the premises whether or not known to Central Florida Athletics LLC, or its owners, employees, volunteers, agents and representatives, and whether occurring on or off premises or during transportation to or from the premises or other events.

****NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN****

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF CENTRAL FLORIDA ATHLETICS LLC USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD=S RIGHT AND YOUR RIGHT TO RECOVER FROM CENTRAL FLORIDA ATHLETICS LLC IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND CENTRAL FLORIDA ATHLETICS LLC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Staff use only: Date registered _____ **Payment type/check #** _____ **Receipt #** _____ **Staff Initials** _____