



Location: FLY Fitness & Aerial Arts, 1446 Lindsay Street, Regina, 306-581-7653, info@flyfitregina.com

Student Information

Full Name of Participant: _____ Health Card #: _____

Pronouns (she/hers, he/his, they/theirs, etc): _____ Date of Birth: _____

Experience in organized dance/gymnastic/sport: _____

Parent/Guardian Information

Parent/Legal Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number(s): _____

Email: _____

Alternate Emergency Contact

Name: _____

Relationship: _____

Contact Information: _____

Any general fitness restrictions? _____

Family Doctor Information: _____

Allergies / Medical Conditions / Special Needs: _____

How did you hear about us? **Instagram** **Friend Referral** _____
Facebook **Google** **Other** _____



Student Name: _____ Parent/Legal Guardian Name: _____

Photography/Video Release:

Parent/Guardian authorizes FLY Fitness & Aerial Arts Inc. to take photographs and/or video of the child named on this form during activities and may use images, without charge, only for the purpose of promotional materials, which may include electronic and/or print, in connection with FLY Fitness & Aerial Arts Inc.

Exceptions? _____

Liability Waiver and Release:

In consideration of the child named on this form ("the student") being allowed to participate in FLY Fitness & Aerial Arts Inc.'s FLY Juniors Programs, the student's parent or guardian hereby for them and on behalf of their heirs, assigns, personal representatives, next of kin, hereby release and hold harmless FLY Fitness & Aerial Arts Inc., its officers, agents, and/or employees, other participants, sponsoring agencies, and, the owner and leaser of the premises used in the operation of FLY Fitness & Aerial Arts Inc. with respect to any and all injury, disability, death, or loss or damage to person or property, HOWSOEVER CAUSED, INCLUSIVE OF ANY NEGLIGENCE, PAST, PRESENT, OR FUTURE OF ANY OF THE RELEASEES.

I understand that although FLY Fitness & Aerial Arts Inc. has preventative measures in place for COVID-19 there is a risk of exposure which could result from the actions, omissions, or negligence of myself and others. I, on behalf of the student, voluntarily assume the risk of exposure to COVID-19 by attending FLY Fitness & Aerial Arts Inc. and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind.

Medical Release:

To the best of my knowledge, my child is in good health. I will notify FLY Fitness & Aerial Arts Inc. if my child is exposed to any infectious disease, or if any change in health status occur during the session. In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician/ambulance service selected by FLY Fitness & Aerial Arts Inc. hospitalize, secure proper treatment, order injection, anesthesia or surgery for my child. In the event that medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and/or private medical insurance.

The above releases shall be binding upon the student, the undersigned and the estates of the student and the undersigned. I have read the releases, fully understand their terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Agree and Accepted:

Signature of Parent/Guardian

Date