

LIMA SPARKS - OFFICIAL ATHLETE MEMBERSHIP FORM

This form will make your child a member of the Lima Sparks. All athletes must be a member before signing up for classes, competitions, etc.

Athlete Name: _____ Cell: _____ DOB: ____/____/____

Current School: _____ Current Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother/ Guardian Name: _____ Cell: _____

Father/ Guardian Name: _____ Cell: _____

Email Address: _____

Additional Emails: _____

All Athletes will pay \$50 – One Time Membership Fee – With this Form

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches and/or Lima Sparks officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical, or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, acknowledge that participation in cheer/gymnastics/dance involves risk of severe, permanent physical injury, and death. For myself, and on behalf of the above athlete, we willingly and voluntarily accept and assume all such risk. In consideration of permitting the voluntary participation of the above-named participant in this program, for myself and on behalf of the above player, I hereby release, discharge and agree to hold harmless Lima Sparks, its employees, volunteers, officials, sponsors, and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to an injury or other damage that may result to said participant while participating in any Lima Sparks sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time. I understand that the initial one time athlete membership fee is non-refundable. I understand that all monthly payments for classes must be paid before the first class of each month. I understand that the athlete will not be able to participate in any activities that month until the payment is made in full.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER AND FULLY UNDERSTAND THE TERMS OF EACH. I UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE.

I AGREE TO INCLUDE THE MEMBERSHIP FEE OF \$50 WITH THIS FORM.

PLEASE MAKE CHECKS PAYABLE TO: "Lima Sparks"

You may bring this form to Apex or mail to: Lima Sparks, 4565 Elida Rd, Elida, OH 45807

Parent/ Guardian Signature: _____ Date: _____