

# Aim High Academy Registration

Family Name: _____	<b>Student Information</b>	Home Phone ( ) _____
Parent/Guardian 1: _____	Parent/Guardian Cell ( ) _____	
Place of Business _____	Occupation _____	Phone ( ) _____
Parent/Guardian 2: _____	Parent/Guardian Cell ( ) _____	
Place of business _____	Occupation _____	Phone ( ) _____
Address _____ City _____ State _____ Zip Code _____		
Most Used Email Address: _____		
Emergency Contact's Name/Relation _____		Phone ( ) _____
Medical conditions or allergies to which we should be alerted _____		

Class Information			
Name _____	Sex _____	Age _____	DOB ____/____/____
1 <sup>st</sup> Choice*Program _____	Grade _____	Day _____	Time _____
2 <sup>nd</sup> Choice* Program _____	Grade _____	Day _____	Time _____
Name _____	Sex _____	Age _____	DOB ____/____/____
1 <sup>st</sup> Choice* Program _____	Grade _____	Day _____	Time _____
2 <sup>nd</sup> Choice* Program _____	Grade _____	Day _____	Time _____

**\* We'll see you the 1<sup>st</sup> day of class! NO News is Good News! We call only if there is difficulty supplying your first class choice!**

Payment Information	
Annual Family Registration Fee..... <b>Non Refundable</b> .... \$50.00.....	\$ _____
Tuition.....	\$ _____

**\*\*\*Aim High only allows one billing contact person. This person is solely responsible for payments and must reside at the same address as the child.\*\*\***

Automatic Payment  We will charge tuition automatically until you notify us **in writing 30 days prior.**

**\*We require credit card information from all families in the event of deficient payment. This will only be used if you are more than 2 weeks past due. Please hand in a written withdrawal notification to the front office if you are no longer attending classes. All information will be stored in a security coded program.**

**ASSUMPTION OF RISK \* WAIVER OF LIABILITY \* PHOTO RELEASE \* MEDICAL AUTHORIZATION**

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, rock climbing, and outdoor play can result in severe injuries, permanent paralysis, brain damage, or even death. I am also aware that participation in certain activities including but not limited to day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Aim High Academy Inc. and affiliated entities (Aim High) programs and activities and I ACCEPT ALL RISKS associated with such participation.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE, Aim High Academy, Inc., each of their respective officers, directors, shareholders, employees, contractors, invitees, licensees, and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If, despite this agreement, I or any third party on my behalf makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such a claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I hereby give permission to Aim High Academy, Inc. and its agents to transport my child(ren) for camp related field trips/special events or to and from school in which I sign up for.

I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you.

I have read and understood this Assumption of Risk, Waiver of Liability, Medical Authorization, and Photo Release.

PARENT/LEGAL GUARDIAN'S Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S Printed Name \_\_\_\_\_