

Nova Athletic Club

3701 Surf Avenue, Brooklyn NY 11224

NOVA REGISTRATION FORM

STUDENT NAME _____ MALE FEMALE DATE OF BIRTH ____/____/____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ - _____

HOME PHONE () _____ - _____ PARENT NAME _____

EMERGENCY PHONE () _____ - _____ CONTACT _____

E-MAIL ADDRESS _____ @ _____ . _____

How did you Hear about NOVA? (Select one of the following Choices)

Word of Mouth Birthday Party Free lesson Coupon Flyer Newspaper Ad School Bulletin Other _____

Waiver of Liability

Nova Athletics located at the above named address, has agreed and does agree to provide competent and professional instruction in Gymnastics, Dance, Martial Arts, Aerobics, exercise and weight training . The school also agrees to make available to all its members the facility and equipment for training purposes of the students.

It is recognized and understood by the center and its members that gymnastics, dance, martial arts, aerobics, and weight training are physical sports and there is the ever present possibility of personal injury even when the instruction is under the supervision of qualified personnel during all classes, practice sessions, and contests. Each member agrees to comply with the general and specific instruction given by the instructors/ personnel.

In the case of Martial Arts Training I understand that there is additional physical contact involved during training sessions (punching, kicking, other holds and strikes). I understand that at any time I have the right to withdraw or have my child withdraw from any exercise that is uncomfortable or seems beyond the scope of my ability or my child's in any of Nova 's programs.

These agreements by the center and by the member shall be binding during any camps, special trips, tournaments, or any sessions which are conducted under the auspices of the school.

In consideration of our mutual agreement spelled out above, I covenant and agree for myself, my heirs, administrators or executor, and assigns that I will not bring suit or proceedings at law or equity against Nova Gymnastics/ Athletics or it's officers, employees, or it's agents or prosecute any claim, demand, action or cause of action for or on account of any damage, loss, or injury either to myself or to any other person or property, or both resulting from receiving instructions or training or participation in the activities of Nova. Either at it's usual locations or any other locations such as camps, tournaments, or trips. This covenant is agreed to openly and without reservations.

It is expressly understood that this is a covenant not to sue to the above mentioned parties and it is not a general or specific release.

I further agree that I have carefully read the foregoing covenant not to sue and know the contents thereof, and sign the same as my own free act. If I am under the age of 18 years, I also understand that my parent or guardian must approve this agreement as well as myself.

I hereby acknowledge that Nova is not responsible for any injuries suffered while on the premises.

Student's Signature (Over 18 yrs) _____ Date ____/____/____

Parent/ Guardian Signature _____ Office use only: Day and Time of Class _____

WAIVER

I waive my obligation as a member or parent/legal guardian of a member, to be medically released by a physician prior to participating in any of Nova's programs.

I certify to the best of my knowledge that the above named member is free from infectious diseases, has no history of heart or circulatory problems or has any conditions that would prevent him/her from participating in the athletic and fitness programs at Nova.

Student's Signature (over 18 years old) _____

Parent/ Guardian Signature _____

MEDICAL RELEASE

I, as parent / legal guardian of the above named student give my permission for myself or my child to receive whatever emergency medical care as may be deemed needed by Nova Athletics personnel for the treatment of any injury that may be incurred while training at Nova or any other locations or classes conducted by Nova or any activities conducted under the auspices of the school. I understand that Nova will make every effort to contact the parent / legal guardian or family member before or immediately after such treatment is rendered.

Date ___/___/_____ Student (over 18 years old) _____

Parent or Guardian _____