



REGISTRATION FORM

Date: _____

Name of Athlete: _____ Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Work/Cell: _____

Email: _____ Alternate Email: _____

Grade: _____ Age: _____ Date Of Birth: _____

School Attending: _____

Waiver and Release

I/We give my/our child _____ permission to participate in all programs offered by Katrina Thomas Academy. He/she has permission to participate in all the classes, private lessons and all other programs offered at KTA. Since cheerleading, dancing and tumbling are physical activities, I have been advised to consult my physician, or state that he/she is physically capable of participating in these activities.. I am aware that tumbling, cheerleading and dance are treated as sports, and will include strenuous physical activities such as cartwheels, handsprings, stunting etc. and any conditioning leading up to the acquisition of these skills. While safety is the first priority of this program, I am aware that serious injuries or aggravation to an existing condition may result. I assume all risks of any such injuries or aggravation of any such conditions. I hereby waive and release forever Katrina Thomas Academy, Katrina Thomas and all instructors from any and all claims for injuries that may arise as a result of participating in this program.

I/We give authorization for medical treatment or hospitalization of my/our child in case of any accident or illness that may arise.

Parent's signature _____ Date _____

Medical Insurance Co: _____ Policy # _____

Doctor: _____ Phone: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____

_____ Yes _____ No In case of emergency, would you like your child transported by ambulance to a hospital? If yes, please indicate which one: _____

Any known Allergies _____

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Katrina Thomas 724.986.3944
KTA_2014@icloud.com
2 Strabane Ave, Unit 7
Canonsburg, PA 15317