



Unique Sports Academy Registration Form/Release Waiver

109D Post Office Road • Waldorf, Maryland 20602 • (301) 396-4934 • www.uniquesportsacademy.com

Parent/Guardian Information

Mother's Name: _____ Primary Phone: _____

Secondary Phone: _____ Email: _____

Address: _____
Street City State Zip

Employer Name: _____

Father's Name: _____ Primary Phone: _____

Secondary Phone: _____ Email: _____

Address: _____
Street City State Zip

Employer Name: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Family Doctor & Number: _____ Insurance/Policy #: _____

Child Information

Circle

Name: _____ Male Female DOB: _____ Medical Conditions _____

Name: _____ Male Female DOB: _____ Medical Conditions _____

Name: _____ Male Female DOB: _____ Medical Conditions _____

Name: _____ Male Female DOB: _____ Medical Conditions _____

Billing Contact Information:

Financial Responsibility (Name): _____ Birthdate: _____

Driver's License #: _____ Last 4 digits of SS#: XXX-XX-_____

Billing Address: _____

City, State, Zip: _____

Primary Phone: _____ Alternate Phone: _____

In the event of non-payment of any account that is 30 days or older, and the account is referred to an attorney for collection. I agree to pay 20% of said overdue balance as a contribution for attorney's fees, in addition to the overdue balance and court costs if suit is filed.

RELEASE: I hereby for myself, my children adopted or otherwise, my heirs and executors waive and release any and all rights against Unique Sports Academy, their agents or representatives, for any injury or damages that may be suffered by me, my children adopted or otherwise, in connection with my association or entry in gymnastics, cheerleading, karate, or other activities sponsored by Unique Sports Academy.

Parent/Legal Guardian Signature: _____ Date: _____