



109 Post Office Rd., Suite D
Waldorf, MD 20602
301-396-4934, Fax: 301-396-4935
www.uniquesportsacademy.com

Unique Sports Academy Registration Form

Please complete this form and return in person.

Mother's Name: _____ Work#: _____ Cell#: _____

Home#: _____ Email: _____

Address: _____
Street City State Zip

Employer Name: _____

Father's Name: _____ Work#: _____ Cell#: _____

Home#: _____ Email: _____

Address: _____
Street City State Zip

Employer Name: _____

Childs Name: _____ Birthdate: _____

Childs Name: _____ Birthdate: _____

Childs Name: _____ Birthdate: _____

Childs Name: _____ Birthdate: _____

How did you hear about us? _____

Emergency Contact Information:

Primary Name/Phone #: _____

Secondary Name/Phone #: _____

Family Doctor and Phone #: _____

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.

Medical History Information:

(Student Name): _____ (One per child must be completed.)

Does participant have any condition that would preclude or limit participation in our programs? Yes No

If yes, please explain: _____

Does participant have Asthma? Yes No If so, is it controlled by medication? Yes No

Does participant have epilepsy, or ever experienced a seizure? Yes No

Has participant been treated for infectious mononucleosis, viral pneumonia, or other infectious disease in the past 12 months? Yes NO

Does participant have a heart problem, a heart murmur, or high blood pressure? Yes No

Does participant have hemophilia or other bleeding disorders? Yes No

Has participant ever been told they have a hernia? Yes No If so, is it repaired? Yes No

Has participant had any operations in the past two years? Yes No

If yes, indicate that anatomical site and date: _____

Is participant currently taking prescribed medications? Yes No

If so, indicate name of drug and why it is prescribed: _____

Has participant ever been treated for Osgood-Schlatter (knee) Disease? Yes No

Has participant had a fracture during the past two years? Yes No

If yes indicate the site of the fracture and date: _____

Has participant had any joint dislocation during the past two years? Yes No

If so, please indicate which joint: _____

Does participant ever experience pain in the back? Yes No

If yes, indicate frequency (circle): Seldom/Occasionally/Frequently/Only on Vigorous Exercise or Heavy Lifting

Is participant allergic to penicillin or any other medications? Yes No

If so, please list: _____

Have there been any disciplinary, emotional learning disabilities or other concerns, which we should be aware of?

If so, please explain: _____

Release: I hereby for myself, my children adopted or otherwise, my heirs and executors waive and release any and all rights against Universal Sports & Academics, 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 or other activities sponsored by Universal Sports & Academics.

I give my permission to Universal Sports & Academics, Inc. to copyright and re-use, publish, and republish photographs or video of my child(ren) or myself or pictures in which my child(ren) and/or myself may be included, in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including but not limited to illustration, art, promotion, or advertising, that could expose a recognizable member of my family to the public.

PARENT / GUARDIAN / STUDENT: All questions on both sides of this page have been answered completely and truthfully to the best of your knowledge.

Date: _____

Parent Signature: _____

Date: _____

Student (over 18) Signature: _____