

2009-2010

# FAMILY Information Form



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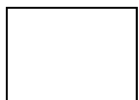
**NEW!** **NEW!**

This is your family "info" & waiver for our 2009-10 database. There are specific registration forms for each activity throughout the year. This will simplify the registration information required.

STUDENT INFORMATION						
Full Name of Champion(s)	Birthday (mm/dd/yy)	Age	Male/Female	Grade 09-10	School	Allergies or other special conditions:
1.						
2.						
3.						
4.						

If your child is coming from WAYA's Youth Academy/Late Stay program straight to our classes AND needs to be picked up by our coaches, please CIRCLE that child's name.

PARENT INFORMATION	
Home Address _____	Zip _____
Home Phone # _____	
Parent/Guardian #1 _____	Parent/Guardian #2 _____
Cell # _____	Cell # _____
Work Phone # _____	Work Phone # _____
Profession/Company _____	Profession/Company _____
<i>(When possible, we'd love to use YOUR services and support you!)</i>	
Preferred EMAIL (we DO use this to communicate w/ you): _____	
Alternate person (besides parents) to contact in an emergency _____ Phone # _____	
If an ambulance is called out, all children under 15 default to Dell's Children Hospital unless specified otherwise here _____	



ATTENTION: Occasionally we include photos of our participants in our newsletter (with and w/out name), website (w/out name), and in the West Austin News (with name). Initial to the left if we **DO NOT** have permission to use a photo of your child.

Suggestions/Comments:

Please **READ & SIGN** waiver on the back of this form. Thanks!

# Waiver Release

## WEST AUSTIN YOUTH ASSOCIATION & CHAMPIONS ACADEMY, INC.

- 1. Program:** I desire for my child to participate in activities provided by the West Austin Youth Association (WAYA) and Champions Academy, Inc.
- 2. Risks:** I understand the nature of the physical demands of such activities. I understand that the physical demands of such activities, as well as the activities themselves, may result in injury to my child, and that such injury may be severe. I have made WAYA and Champions Academy, Inc. aware of any and all medical and physical conditions that might affect my child's participation. I understand that reasonable procedures are employed by WAYA/Champions Academy, Inc. but that unforeseen circumstances or accidental events may occur, for which WAYA/Champions Academy, Inc., its officers, agents, representatives, coaches, volunteers, and employees cannot be held responsible. I hereby assume all ordinary risks normally incidental to the nature of this activity and program, including those risks which are not foreseeable.
- 3. Release:** I unconditionally waive and release the West Austin Youth Association and Champions Academy, Inc., its officers, agents, representatives, coaches, volunteers, and employees, and agree to hold said persons harmless from any and all claims, rights, or causes of action which may be asserted against WAYA/Champions, its officers, agents, representatives, coaches, volunteers, and employees by any person as the result of any injuries, expenses, loss of compensation, or loss of experience as a direct or indirect result of the use of the services, facilities, instruction, or premises of the West Austin Youth Association/Champions Academy, Inc. or as a direct or indirect result of my child's participation, or from any negligence on the part of the West Austin Youth Association/Champions Academy, Inc., including any act or failure to act.
- 4. Indemnification:** I unconditionally promise and agree to indemnify WAYA/Champions Academy, Inc. and its officers, agents, representatives, coaches, volunteers, and employees and to hold said persons harmless from any and all claims, rights, or causes of action which may be asserted against WAYA/Champions Academy, Inc., its officers, agents, representatives, coaches, volunteers, and employees by any person as the result of any injuries (regardless of severity), expenses, loss of compensation, or loss of experience as a direct or indirect result of the use of the services, facilities, instructions, or premises of WAYA/Champions Academy, Inc., or from any negligence on the part of WAYA/Champions Academy, Inc., including any act or failure to act. This agreement to indemnify includes any and all money paid by WAYA/Champions Academy, Inc., its officers, agents, representatives, coaches, volunteers, or employees to, or charged by, any person (whether by virtue of a settlement or in litigation), including attorney's fees for any parties to the claim, demand, or litigation.
- 5. Medical Accident Coverage:** I have been informed and am aware that WAYA/Champions Academy, Inc. has in force an insurance policy to provide insurance against medical and hospitalization cost only which are incurred as the result of injuries sustained by my child while engaging only in the WAYA/Champions Academy, Inc. activity for which I have completed this waiver release. I understand this coverage is secondary only to my primary medical and hospitalization insurance and will pay only those costs not paid by my own insurance coverage. Finally, I understand that WAYA/Champions Academy, Inc. insurance does not include any coverage beyond the benefits associated with medical and hospitalization expenses.
- 6. No Liability Insurance:** I have been informed and am aware that WAYA/Champions Academy, Inc. does not provide, nor is any member of my family covered by, any policy of liability insurance which would otherwise serve to compensate members of my family in the event of an injury, expense, loss of compensation, loss of service or other damage (general or special) which I or any member of my family may experience as a direct or indirect result of the use of services, facilities, instructions, or premises of WAYA/Champions Academy, Inc., or from any negligence on the part of WAYA/Champions Academy, Inc., its officers, agents, representatives, coaches, volunteers, or employees, including any act or failure to act.
- 7. Consideration:** I hereby acknowledge the validity and adequacy of the consideration for this release being the offering and provision of WAYA and Champions Academy, Inc.
- 8. Binding Effect:** This agreement is binding upon me and upon my spouse, heirs, assigns, dependents, personal representatives, attorneys, and my estates. This agreement is also binding upon my child or children on whose behalf it is executed and upon any legal guardian thereof.
- 9. Entire Agreement:** This document constitutes the entire agreement between WAYA/Champions Academy, Inc., Inc. and the undersigned regarding the subjects covered hereby. All previous agreements, oral or written, are superseded and there exist no further oral or written representatives, promises, assurances, or statements of any kind affecting this agreement except those which are expressly set forth in this document.

Signed this \_\_\_\_\_ day of this month \_\_\_\_\_, of the year 200\_\_\_\_\_.

Parent/Guardian signature \_\_\_\_\_