

Name: _____ Birthdate ___/___/___ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name : _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Existing Medical Coverage: _____ Plan #: _____

Known Allergies: _____

Current Medications: _____

I hereby voluntarily permit me or my child to participate in the **Little Bird Program**. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS AND DANCE, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____ Initial Here

As consideration for being permitted by Sioux Falls Sports to participate in these activities, I hereby release and hold harmless Sioux Falls Sports, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold Sioux Falls Sports (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to Sioux Falls Sports Staff, Trainers and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to Sioux Falls Sports Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. Sioux Falls Sports also does not provide any medical or other insurance protection or benefits for those who participate in the activities.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND SIOUX FALLS SPORTS, AND SIGN IT OF MY OWN FREE WILL.

_____ Date _____

Parent or Guardian Signature