

PHOENIX STUDIOS ONE

2026–2027 FAMILY REGISTRATION & WAIVER FORM

One household packet • Up to 3 sibling participants

REGISTRATION IS NOT COMPLETE UNTIL REQUIRED DOCUMENTS ARE RECEIVED

For school-age/minor athletes, Phoenix Studios One requires a copy of the athlete's current student ID with photograph, a school demographics/student information page (preferred), or if the school demographics page is unavailable, a birth certificate OR passport as proof of age, plus a current sports physical/medical clearance.

PROGRAM(S) — CHECK ALL THAT APPLY

- ☐ Competition Cheer ☐ Strength & Flexibility ☐ Showcase Cheer/Dance ☐ Tumbling ☐ Parent & Me (4 & Under)
☐ Private Lessons ☐ Steppers Dance ☐ Adult Line Dancing ☐ Other: _____

FAMILY / PARENT-GUARDIAN INFORMATION

Primary Parent/Guardian	_____
Relationship	_____
Address	_____
City / State / ZIP	_____
Phone	_____
Email	_____
Second Parent/Guardian	_____
Phone / Email	_____
Emergency Contact / Relationship	_____
Emergency Contact Phone	_____

Authorized Pickup Adults	_____

Persons NOT Authorized for Pickup	_____

The family information above applies to all sibling participants listed in this packet unless the parent/guardian provides different written instructions.

PHOENIX STUDIOS ONE

PARTICIPANT 1 — ATHLETE INFORMATION

Athlete Legal Name	_____
Preferred Name	_____
Age / Date of Birth	_____ / _____
Address (if different from family address)	_____
Contact Number / Email	_____
School / Grade	_____
Student ID Number	_____
Athlete Goals	_____ _____ _____

REQUIRED DOCUMENTS

☐ Current student ID with photograph

☐ School demographics/student information page — PREFERRED

If the school demographics/student information page is unavailable, provide ONE of the following:

☐ Birth certificate ☐ Passport

☐ Current sports physical / medical clearance

Phoenix Staff: ☐ Complete ☐ Missing Item(s): _____ Initials: _____ Date: _____

MEDICAL INFORMATION

Insurance Provider	_____
Policy / Member #	_____
Is the minor being treated for any medical condition?	☐ YES ☐ NO If yes, explain: _____
Known medication or other allergies?	☐ YES ☐ NO If yes, explain: _____
Currently taking medications?	☐ YES ☐ NO If yes, list: _____
Prior significant injuries / concussion / restrictions	_____
Other emergency information Phoenix should know	_____

I certify that the medical information provided for this participant is accurate and complete to the best of my knowledge.

Parent/Guardian Initials: _____ Medical information for Participant 1 acknowledged.

PHOENIX STUDIOS ONE

PARTICIPANT 2 — ATHLETE INFORMATION

Athlete Legal Name	_____
Preferred Name	_____
Age / Date of Birth	_____ / _____
Address (if different from family address)	_____
Contact Number / Email	_____
School / Grade	_____
Student ID Number	_____
Athlete Goals	_____ _____ _____

REQUIRED DOCUMENTS

- ☐ Current student ID with photograph
- ☐ School demographics/student information page — PREFERRED

If the school demographics/student information page is unavailable, provide ONE of the following:

- ☐ Birth certificate ☐ Passport
- ☐ Current sports physical / medical clearance

Phoenix Staff: ☐ Complete ☐ Missing Item(s): _____ Initials: _____ Date: _____

MEDICAL INFORMATION

Insurance Provider	
Policy / Member #	
Is the minor being treated for any medical condition?	☐ YES ☐ NO If yes, explain:
Known medication or other allergies?	☐ YES ☐ NO If yes, explain:
Currently taking medications?	☐ YES ☐ NO If yes, list:
Prior significant injuries / concussion / restrictions	
Other emergency information Phoenix should know	

I certify that the medical information provided for this participant is accurate and complete to the best of my knowledge.

Parent/Guardian Initials: _____ Medical information for Participant 2 acknowledged.

PHOENIX STUDIOS ONE

PARTICIPANT 3 — ATHLETE INFORMATION

Athlete Legal Name	_____
Preferred Name	_____
Age / Date of Birth	_____ / _____
Address (if different from family address)	_____
Contact Number / Email	_____
School / Grade	_____
Student ID Number	_____
Athlete Goals	_____ _____ _____

REQUIRED DOCUMENTS

- ☐ Current student ID with photograph
- ☐ School demographics/student information page — PREFERRED

If the school demographics/student information page is unavailable, provide ONE of the following:

- ☐ Birth certificate ☐ Passport
- ☐ Current sports physical / medical clearance

Phoenix Staff: ☐ Complete ☐ Missing Item(s): _____ Initials: _____ Date: _____

MEDICAL INFORMATION

Insurance Provider	
Policy / Member #	
Is the minor being treated for any medical condition?	☐ YES ☐ NO If yes, explain:
Known medication or other allergies?	☐ YES ☐ NO If yes, explain:
Currently taking medications?	☐ YES ☐ NO If yes, list:
Prior significant injuries / concussion / restrictions	
Other emergency information Phoenix should know	

I certify that the medical information provided for this participant is accurate and complete to the best of my knowledge.

Parent/Guardian Initials: _____ Medical information for Participant 3 acknowledged.

PHOENIX STUDIOS ONE

MEDIA, PARENT PERMISSION & RISK RELEASE AGREEMENTS

MEDIA RELEASE

I (Parent/Guardian name) _____ give Phoenix Studios One the right and permission to photograph and/or video record the participant(s) identified in this Family Registration & Waiver Form and/or me (myself/advisor/coach/chaperone) for reproductions associated in any way with Phoenix Studios One activities, events, programs, performances, competitions, classes, and promotional purposes, including reproduction for use in advertisements and Phoenix Studios One promotional materials.

Media permission: ☐ YES, I AGREE ☐ NO, I DO NOT AGREE

Parent/Guardian Initials: _____ Media Release read and acknowledged.

PARENT PERMISSION AND RELEASE AGREEMENT

The participant(s) identified in this Family Registration & Waiver Form have my permission to try out for and/or participate in Phoenix Studios One programs and to participate in Phoenix Studios One events. I fully understand that I, the parent/guardian, and my child(ren) must abide by all rules and guidelines set forth by Phoenix Studios One, including any program-specific handbook, contract, safety rule, facility rule, or written policy applicable to the participant(s).

Parent/Guardian Initials: _____ Parent Permission and Release Agreement read and acknowledged.

RISK RELEASE AGREEMENT

I understand that by the very nature of the activity, cheerleading training, gymnastics, tumbling, dance, stunting, jumping, conditioning, classes, performances, competitions, and practices carry a risk of physical injury up to and including death. No matter how careful the cheerleader/gymnast/participant and coach are; no matter how many spotters are used; no matter what height is used or what landing surface exists, the risk cannot be eliminated. Safety precautions may reduce risk, but they cannot eliminate all risk.

The participant(s) and parent/guardian voluntarily assume all risks that, subsequent to the execution of this Agreement, the participant(s) may incur or suffer personal or bodily discomfort, loss, injury, disability, death, property loss, or property damage that is in some way caused by or related to the instruction, activities, programs, events, or services provided by Phoenix Studios One. I understand that the physical risks and resulting conditions could become more serious than I expect or anticipate.

Parent/Guardian Initials: _____ Risk Release Agreement read, understood, and agreed.

FACILITY RELATIONSHIP — BEAR RIVER MIDDLE SCHOOL

Phoenix Studios One may use Bear River Middle School and/or other third-party facilities for practices, classes, events, or related activities. Bear River Middle School and its applicable school district are not sponsors, operators, owners, partners, affiliates, employers, administrators, or representatives of Phoenix Studios One or its teams. Facility use does not create an association, partnership, agency relationship, endorsement, sponsorship, or responsibility for Phoenix Studios One team/program operations.

Parent/Guardian Initials: _____ Facility relationship acknowledged.

PHOENIX STUDIOS ONE

LIABILITY RELEASE, INDEMNITY & EMERGENCY MEDICAL RESPONSE

I agree to hold harmless and release all liability of Phoenix Studios One and its staff, coaches, volunteers, representatives, the event facility, practice facility, Bear River Middle School and its applicable school district when used by Phoenix Studios One, and/or an official hotel for injury, loss, or damage arising from my child(ren)'s participation or my participation (including as a parent, advisor, coach, volunteer, or chaperone) in a Phoenix Studios One activity or event, to the fullest extent permitted by applicable law.

It is agreed that I, my spouse, my child(ren), my heir(s), representatives, and executors waive and release, to the fullest extent permitted by applicable law, rights and claims for damages, loss, or injury that I, my spouse, my child(ren), my heir(s), representatives, or executors may have against Phoenix Studios One, its representatives, officers, agents, staff, coaches, volunteers, and other released parties identified in this Agreement for injuries or damages in connection with instructional or competitive programs, classes, practices, performances, competitions, events, or other activities related to Phoenix Studios One, including injuries or damages connected with traveling or transportation to and/or from competitions, exhibitions, or prearranged outings. I acknowledge that the risks involved with these activities are understood and voluntarily assumed.

I understand that Phoenix Studios One staff members, coaches, and volunteers are not physicians or medical practitioners of any kind. I give permission to Phoenix Studios One staff, coaches, or authorized representatives to render temporary or basic first aid to my child(ren) or me in the event of injury or illness. I agree to hold harmless Phoenix Studios One and its staff, coaches, volunteers, and representatives for claims arising from the good-faith rendering of temporary or basic first aid, to the fullest extent permitted by applicable law.

I understand that by taking part in Phoenix Studios One activities or events there is a possibility of injury or illness to my child(ren) or to me. In the event that I cannot be reached, I authorize Phoenix Studios One and its employees, coaches, volunteers, or representatives to consent to emergency medical evaluation or treatment for my child(ren), including calling paramedics or an ambulance and arranging transportation to a health care facility or hospital when Phoenix Studios One staff reasonably deem it necessary. I authorize appropriate health care professionals to administer immediate medically necessary treatment to my child(ren) when I cannot be reached.

I understand and affirm that I have and will continue to provide appropriate hospitalization, health, and accident insurance coverage, or otherwise accept financial responsibility for medical expenses associated with my child(ren)'s participation and my own participation.

Parent/Guardian Initials: _____ Liability Release, Indemnity, and Emergency Medical Response read, understood, and agreed.

PHOENIX STUDIOS ONE

FINAL FAMILY ACKNOWLEDGMENT & SIGNATURES

PARTICIPANTS COVERED BY THIS AGREEMENT

Participant 1	_____
Participant 2 (if applicable)	_____
Participant 3 (if applicable)	_____

By signing below, I acknowledge that the legal agreements, authorizations, releases, and acknowledgments in this packet apply to each participant named above, subject to applicable law.

REGISTRATION / HANDBOOK ACKNOWLEDGMENT

I acknowledge that I have read this Family Registration & Waiver Form and agree to the applicable Registration Policy, Parent Permission, Media Release selection, Risk Release Agreement, Liability Release, Indemnity, Emergency Medical Response, and program requirements. Competition Cheer participants are also subject to the applicable Phoenix Studios One Competition Cheer Parent & Athlete Handbook + Contract. Tumbling/class participants are subject to the registration, tuition, attendance, cancellation, and payment terms applicable to their enrolled program.

SIGNATURES

Parent/Guardian Printed Name	_____
Parent/Guardian Signature / Date	_____ / _____
Second Parent/Guardian (optional)	_____ / _____
Participant 1 Signature / Date	_____ / _____
Participant 2 Signature / Date	_____ / _____
Participant 3 Signature / Date	_____ / _____

PHOENIX STAFF — DOCUMENT CHECKLIST

Participant	Photo Student ID	Demographics OR Birth Cert/Passport	Sports Physical	Complete
Participant 1	☐	☐	☐	☐
Participant 2	☐	☐	☐	☐
Participant 3	☐	☐	☐	☐

Staff Notes:

Received/Verified By: _____ Date: _____

PHOENIX STUDIOS ONE

CREDIT CARD / AUTO-DRAFT AUTHORIZATION FORM

OPTIONAL REMOVABLE PAGE — intentionally placed at the end for double-sided printing.

All payment information will remain confidential and should be maintained using reasonable administrative and physical safeguards.

Participant(s) / Program	_____
Cardholder Name	_____
Billing Address	_____
City / State / ZIP	_____
Email / Phone	_____
Credit Card Type	☐ Visa ☐ Mastercard ☐ Discover ☐ Other: _____
Credit Card Number	_____
CVV	_____
Expiration Date	_____

OR — AUTO-DRAFT FROM CHECKING ACCOUNT

Account Holder Name	_____
Bank Name	_____
Account Number	_____
Routing Number	_____
Amount to Charge	\$ _____
Payment Frequency	☐ Weekly ☐ Monthly ☐ Other: _____

PAYMENT AUTHORIZATION

I authorize Phoenix Studios One to charge or auto-draft the tuition/payment amount listed above according to the agreed payment schedule. For monthly tuition, unless a different written schedule applies, I authorize the agreed tuition amount to be charged on the first of each month. I agree to pay these charges in accordance with my issuing bank/cardholder agreement and the applicable Phoenix Studios One program payment terms.

For recurring tumbling/class tuition, I will provide Phoenix Studios One one month written notice, measured from the first of the month, to discontinue recurring charges unless a different written cancellation policy applies to my program. I understand that notice provided after the first of the month may result in that month's tuition being charged. I understand that once a payment is charged, refunds are governed by the applicable Phoenix Studios One registration, program, and no-refund policies.

Cardholder / Account Holder Printed Name: _____

Signature: _____ Date: _____

PHOENIX STAFF USE ONLY

Registration Fee: \$_____ Tuition/Program Fee: \$_____

Payment: ☐ Week ☐ Month ☐ Card Setup ☐ Auto-Draft ☐ Scholarship/Assistance ☐ Other: _____

Notes:
