2024/2025 Extreme Athletics Recreational Registration Form

Athlete's First Name (1st): _____ Athlete's First Name (2nd): _____

Athlete's Last Name (1st): _____ Athlete's Last Name (2nd): _____

Athlete's Date of Birth (1st): _____ Athlete's Date of Birth (1st): _____

Mother's Name: _____

Father's Name: _____

Other Guardian's Name: _____

Parent Email (will become GoMotion Username): _____

Physical Address: _____

City: _____ State:_____ Zip: _____

Mother Cell:_____ Mother Place of Employment: _____
Phone Carrier (Important for GoMotion text notifications):_____

Father Cell:_____ Father Place of Employment: _____
Phone Carrier (Important for GoMotion text notifications):_____

Medical Authorization and Liability Release

EMERGENCY PROCEDURES: *For minor injuries, Shook Athletics/Extreme Athletics policy is to call the parent/guardian listed above, and follow their directions. In the rare case of a more serious injury, Shook Athletics/Extreme Athletics policy is to first call 911, then call the parent/ guardian listed above.*
EMERGENCY TREATMENT PRE-AUTHORIZATION: *I authorize Shook Athletics/Extreme Athletics and its representatives to consent to medical treatment for my child. I also give Shook Athletics/Extreme Athletics permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to Shook Athletics/Extreme Athletics instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization.*
MINOR INJURIES / MEDICATION: *Shook Athletics/Extreme Athletics will provide bandages for minor scrapes and cuts. We do not provide medications without prior permission from the parent/guardian listed above.* ***SAFETY PROCEDURES / LIABILITY RELEASE:*** *Shook Athletics/Extreme Athletics strives to provide the maximum in safety procedures, guidelines, and enforcement, and therefore assumes no responsibility for any accidents or injuries that may occur. I am fully aware that any activity involving motion, height, athletic activity, and/or gymnastic equipment (ie Tumbl-Trak, trampoline, etc) creates the possibility of serious injury, and I further agree to hold Shook Athletics/Extreme Athletics and its staff and officers harmless for any injury or resulting expenses. I release and discharge all rights and claims against Shook Athletics/Extreme Athletics and its parties.*

Insurance Carrier:_____
Policy Number: _____
Athlete Allergies: _____

Parent/Guardian Signature:_____
Date: _____