

Limitless Abilities Sports and Creative Arts

Parent's Names (first and last) _____

Address _____ City _____ Zip _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

<u>Participant's Name</u>	<u>Birthdate</u>	<u>M/F</u>	<u>School</u>
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1. _____

2. _____

3. _____

Waiver and Liability Release: I certify that I am the parent or legal guardian of the above mentioned participants. I hereby consent to the participation of the above named students in the programs of Limitless Abilities, which includes Limitless Sports and Limitless Creative. I fully acknowledge that sports, classes, performances, etc may expose participants to certain risks including, but not limited to, injury to self which may not be foreseeable. I acknowledge that the participation in these classes or camps are totally voluntary and taken with full knowledge of all the risks involved, even if not mentioned here. This release is to not hold Limitless Abilities, its officers and Board of Directors, employees, or volunteers, liable for any of these risks or their outcomes which may include injury, illness, or death and I agree to waive, discharge, and release any claims against Limitless Abilities and their Board of Directors and officers, employees, and/or volunteers.

_____ **Initial**

We will often use photographs and videos of our classes, sports, and camps to highlight our program on social media. Do you give consent for the above participants to potentially be a part of these highlights? YES NO

_____ **Initial**

Signature of Parent/Guardian _____ **Date** _____

**Limitless Abilities
Sports and Creative Arts - Adult Form**

Participant's Name (first and last) _____

Address _____ City _____ Zip _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

Caregiver's Name _____

Caregiver's Phone _____

Waiver and Liability Release: I certify that I consent to the participation of the above named students in the programs of Limitless Abilities, which includes Limitless Sports and Limitless Creative. I fully acknowledge that sports, classes, performances, etc may expose participants to certain risks including, but not limited to, injury to self which may not be foreseeable. I acknowledge that the participation in these classes or camps are totally voluntary and taken with full knowledge of all the risks involved, even if not mentioned here. This release is to not hold Limitless Abilities, its officers and Board of Directors, employees, or volunteers, liable for any of these risks or their outcomes which may include injury, illness, or death and I agree to waive, discharge, and release any claims against Limitless Abilities and their Board of Directors and officers, employees, and/or volunteers.

_____ **Initial**

We will often use photographs and videos of our classes, sports, and camps to highlight our program on social media. Do you give consent to potentially be a part of these highlights? YES NO

_____ **Initial**

Signature _____ **Date** _____

**Limitless Abilities
Medical Information**

Participant's Name _____ Birthdate _____

Doctor's Name _____ Phone _____

Emergency Contact _____ Phone _____

Check All That Apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hard of Hearing |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Bleeding Issues | <input type="checkbox"/> Bone/Joint Issues | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision Difficulty |
| <input type="checkbox"/> Tourettes Syndrome | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sensory Processing |

Allergies: please list all _____

Noise/Light Sensitivity: please explain _____

Other: please explain _____

Not aware of any medical issues/no diagnosis

Emergency Authorization

I hereby authorize Limitless Abilities personnel to use their best judgment in contacting and obtaining emergency medical services should it become necessary for the above listed participant under my care while participating in any sports, classes, or camps. I also authorize that Limitless Abilities personnel/staff may render such emergency medical treatment that he/she may deem necessary, in my absence. I agree that Limitless Abilities is not responsible for paying the emergency medical services or hospital costs that might have incurred during this time and understand that all costs shall be my sole responsibility.

Signature _____ **Date** _____

Printed Name _____

Limitless Abilities Payment Information

- For private pay: Classes are charged monthly and due ***no later than*** the 5th of each month. Any payment received ***after*** this date will incur a \$25 late fee.
- Students ***will be dropped*** from the class if no payment has been made by the 15th of the month unless arrangements have been made.
- Payments can be taken in person or over the phone using a credit card or can also be sent through Venmo @limitlessabilities, or with cash/check in person. *A \$25 fee will be charged for all returned checks.*
- For CVRC/SDP participants: We are a CVRC funded vendor however, it is your responsibility to contact your worker, make sure referrals and payments are being processed, have Limitless Abilities added to your SDP budget, and bill your FMS for payment.
- For CVRC/SDP: If for any reason CVRC or SDP denies the payment of a class/service, ***it is your responsibility*** to pay for that month's class, sport program, or the camp until they do. If they end up making payment, you will be refunded. If no payment is made, the student will be dropped until payment can be made.
- **NO refunds or credits will be given on fees paid**
- **At this time, we are not able to accommodate make up classes**

We understand that classes may be missed for holidays or other random days we need to close a class. Keep in mind that there are months that have five weeks and we do not charge extra for those months to make up for these closures. As we grow we may be able to do a make up class if needed but we encourage you to support us in the meantime so we can make this a sustainable thing for our community. We thank you for the support you have already given and look forward to the growth of our programs!

Signature _____ Date _____

Printed Name _____

Limitless Abilities Guidelines/Rules

_____ We rely on the support of our parents/caregivers. If your child has special needs, we require that you, or support staff, stay with your child during the class or sports program to support them and help them fully participate, if necessary.

_____ (sports) We encourage you to help on the field or court during sports if you are able. We rely a lot on volunteers and your support is greatly appreciated.

_____ (sports) Please have your child wear their uniform and appropriate shoes when participating.

_____ (sports) I understand that if there are not enough players who sign up for my child's age group, we will be asked to sit this one out for the safety of my child and the other children. We cannot add him/her to a younger or older group due to safety.

_____ (creative classes) Please have your child wear appropriate clothing and shoes during class to prevent injury.

_____ We understand that these classes/camps are designed, first and foremost, for exposure and fun. These classes/camps are **not** competitive in nature and you will not leave these classes/camps experts or proficient in a skill. We are here to have fun and build community.

Signature _____ **Date** _____

Printed Name _____