



CLASS REGISTRATION FORM

CLASS NAME

MON TUE WED THU FRI SAT (circle one) TIME :

DUE \$ INCLUDED \$

In addition to my tuition deposit/payment. I would like to contribute an additional \$ to help support the expansion of SLAM educational initiatives, including scholarships for economically disadvantaged youth.

NEW STUDENT IF NEW STUDENT, WHERE DID YOU HEAR ABOUT STREB?
RETURNING

CHILD'S NAME

DATE OF BIRTH

ADDRESS

PHONE

PARENTS/GUARDIANS NAME

ADDRESS

PHONE HOME () MOBILE ()
WORK ()

EMAIL

PARENTS/GUARDIANS NAME

ADDRESS

PHONE HOME () MOBILE ()
WORK ()

EMAIL

STREB LAB FOR ACTION MECHANICS

51 NORTH 1ST STREET, BROOKLYN, NY 11211 PHONE (718) 384-6491 FAX (718) 384-6490



CLASS REGISTRATION FORM

EMERGENCY CONTACT

NAME

PHONE ()

EMERGENCY CONTACT

NAME

PHONE ()

PHYSICIAN

NAME

ADDRESS

PHONE ()

To reserve a space:

Complete this form and mail it with a check (to "STREB, Inc.") for the full tuition or \$150 (deposit to be applied toward tuition) to:

STREB @ SLAM - KIDS
51 North 1st Street
Brooklyn, NY 11249

You will receive a confirmation email or phone call after we receive your registration form. Please include your email on the registration form as we use email to contact you with information throughout the semester. Complete payment may be included with the registration form. If you make use of our payment plan, your balance will be due at the beginning of the first class. Your credit card may be charged automatically if you choose the payment plan option.

You may also enroll by calling 718-384-6491 with a valid credit card or online at streb.orgV2/school/kids.html. For more information contact education@streb.org or call (718) 384-6491.

Policies

Responsibilities of Parents and Guardians:

1. Students are encouraged to arrive early so that classes may start on time, but please keep your children off of the equipment until the time of their class.
2. Parents are responsible for their children before and after class time. Please clean up all belongings after class.
3. We allow food in our space, but please help keep SLAM beautiful by placing all trash and food items in the proper receptacles. Food is not allowed on the mats or in class at any time.
4. Please dress your child in comfortable clothing.

Make-up Classes:

1. Make-up classes (up to two per semester) can be arranged in cases of illness/injury.
2. All make-ups must be scheduled in advance and will be based on availability.
Please call the office for the arrangements.
3. All make-ups must be used during the semester in which the original class was missed.

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CLASS REGISTRATION FORM

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

Inconsideration of the services of Elizabeth Streb (AKA STREB, STREB Inc., & Streb Lab for Action Mechanics) her respective heirs, agents, owners, officers, volunteers, participants, employees, board members and all other persons or entities acting in any capacity on her behalf or the behalf of STREB, STREB Inc., or Streb Lab for Action Mechanics (hereinafter collectively referred to as STREB), I hereby agree to release, indemnify and discharge STREB on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- I acknowledge that my participation in any of the classes, rehearsals or workshops at STREB @ SLAM including but not limited to flying trapeze, static trapeze, silk/fabric work, any aerial apparatus, tight wire, tumbling, trampoline, pop action, fully functional training, personal best, flip & tuck, yoga, and kid action entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: The following describes some but not all of those risks: Participation in any of the above listed activities, classes, workshops or rehearsals or any other physical activity engaged in at STREB @ SLAM entails certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, participants would not improve their skills, and the enjoyment of the activity would be diminished. Participants are exposed to the usual risks such as cuts and bruises. Other more serious risks also exist. Participants may falloff equipment, sprain or break limbs and can suffer more incapacitating injuries as well. In any event, if you are injured, you may require medical assistance, at your own expense. Furthermore, STREB employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities and/or may give inadequate warnings or instructions. It is a STREB priority to keep our equipment as safe as possible, however, the equipment being used might malfunction.
- I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.
- I hereby release, forever discharge, and agree to indemnify and hold harmless STREB from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of STREB's equipment or facilities, including any such claims which allege negligent acts or omissions of STREB.
- Should STREB or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them **harmless for such fees and costs**.
- I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition that I may have.
- In the event that I file a lawsuit against STREB, I agree to do so solely in the state of New York, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- I hereby grant permission for my child to be photographed, filmed, or recorded for use by STREB, Inc., (e.g., program publications and materials, program videos, etc.) I authorize the use of mine or my child's likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by The STREB Extreme Action company.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against STREB on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

Phone Number: _____ Date _____

Parent's or Guardian's Additional Indemnification (must be completed for participants under 18 years)

In consideration of _____ (print minor's name) ["Minor"] being permitted by STREB to participate in its activities and to use its equipment and facilities, I further indemnify and hold harmless STREB from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian _____ Print Name _____ Date _____

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