

# **STUDENT REGISTRATION FORM, PARENT AGREEMENT, WAIVER AND RELEASE**

Student Name \_\_\_\_\_ M F Age \_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Family Physician: \_\_\_\_\_ City: \_\_\_\_\_

We currently DO DO NOT have health Insurance.

I hereby grant permission for \_\_\_\_\_ to attend classes at GymTricks Gymnastics. I am authorized as a legal parent/guardian to grant this permission. I know that gymnastics skills may involve height, motion, speed, force and specific body shapes and movements and that there are risks associated with participation in gymnastics including injuries such as strains, sprains, dislocations, fractures, paralysis and even death. GymTricks Gymnastics, its owners and instructors, will not accept responsibility for injuries sustained by my child during the course of his/her participation in this activity and I will further hold them harmless for any claim with regard to same. I have read the parent information sheet that is available on the school's website and is also posted at the gym and know that safety is of paramount importance to the school administrators and staff and it is imperative that my child obey all posted and verbal rules with regard to behavior and performance as it may directly affect their personal safety. I know that the school will warn my child through safety instructions and through their teaching style and progressions but I acknowledge that it is also my responsibility to reinforce them and additionally warn my child about the dangers of gymnastics improperly and inappropriately executed and to reinforce all gym rules. I also understand that safety in gymnastics is often reliant upon physical contact and "spotting" of most skills by a qualified instructor in order to assist the students in their learning and also to aid in safety as new skills are introduced. My child has no physical or emotional limitations/considerations of any kind, which would prevent or even limit their full participation with the following exception: (if none then leave blank)

\_\_\_\_\_  
\_\_\_\_\_

I also grant permission for the school staff, knowing that they are not medical professionals, to render emergency assistance in the event of an accident or injury where I cannot be reached and to enlist the local emergency personnel and services for additional care.

*I understand that I am enrolling my child for the school year on recurring month to month basis and that I must inform the school during the last week of any month where my child may have to drop classes for the next month due to a conflict or change in schedule or for any other reason. Failure to notify the school by filling out the "drop class form" or verbally informing the school staff may result in an additional charge for that next month. This is a courtesy to the school so that they may fill any available spaces with waiting list students. I understand that I may re enter the program at any time providing that space still remains available. I also agree to pay all monthly fees by the 1<sup>st</sup> of the month. Payments not received by the 10<sup>th</sup> of the month will incur a \$10 late fee.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_