



## Registration

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email\_(parent) \_\_\_\_\_

May we make your email address or phone available to other parents?  yes  no

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn about Choice Gymnastics, LLC? Check all that apply

Word of Mouth (name) \_\_\_\_\_ so that we may credit their account for friend referral

Internet       Facebook       Print Advertising       Signage

Medical conditions or allergies to which we should be alerted \_\_\_\_\_

Photos may occasionally be taken of class participants. Is Choice Gymnastics, LLC free to use such photos in marketing publications without compensation to you?  Yes  No

Has student taken Gymnastics before? Where? \_\_\_\_\_

### Assumption of Risk • Waiver of Liability • Medical Authorization

We, the staff of Choice Gymnastics, LLC, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, dance and cheerleading. I recognize that injuries, possibly minor, serious or catastrophic in nature, can occur in sports or activities involving height or motion.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

In consideration for my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Choice Gymnastics, LLC, its officers, directors, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Choice Gymnastics, LLC and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Choice Gymnastics, LLC.

I have read and understand this ASSUMPTION OF RISK and WAIVER OR LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN's signature \_\_\_\_\_ Date \_\_\_\_\_