

2020-2021

Gymnastics Inc Student Registration Form

Today's Date _____ How did you hear about us? _____

Student's Last Name _____, Student's First Name _____

Date of Birth _____ Age _____ Gender _____

Student's Address _____
street address city state zip code

Student Cell phone # (if applicable) _____

Student's School _____ Grade _____

Mother's Name _____ Occupation _____

E-mail _____

Address _____
street address city state zip code

Home Phone _____ Work Phone _____ Cell _____

Father's Name _____ Occupation _____

E-mail _____

Address _____
street address city state zip code

Home Phone _____ Work Phone _____ Cell _____

Please indicate billing contact: _____

Emergency Contact _____
Name Relation Phone Number

Medical problems/injuries we should be aware of? _____

Current Meds/Reason for Meds _____ Allergies _____

Health & Insurance Information:

Insurance Co	Policy #	
Doctor	Phone	Address
Hospital	Location	

2020-2021

FOR OFFICE USE ONLY	
CLASS:	_____
SESSION:	_____
REGISTRATION:	_____
SESSION PAYMENT:	_____
CHECK #:	_____
CREDIT:	_____
CASH:	_____
INITIALS:	_____

<input type="checkbox"/> Did the parent/child receive a schedule with their class time circled? <input type="checkbox"/> Did the parent/child receive a letter for the current session regarding refunds, closings, etc.?
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WAIVER / RELEASE FORM

Athlete Membership Agreement and Information

Fill in all blanks. Original signatures (photocopies or facsimiles not acceptable).

Agreement

In consideration of my membership in Gymnastics Inc, and my participation in Gymnastic Inc classes, event and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of Gymnastics Inc.
2. Readiness to Participate: I will only participate in those Gymnastics Inc classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have prepared for and practiced skills that I will perform. I will have the degree of confidence necessary to assure I can perform the skills by myself with coaches observation and assistance without injury.
3. Medical Assistance: I hereby give my consent to Gymnastics Inc and/or the Host Organization to Provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

I further agree that Gymnastics Inc and the sponsor of any Gymnastics Inc event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Information

Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through:

I am a citizen of the U.S. __Yes __No Signature of Athlete_____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competition, and activities conducted by Gymnastics Inc.

Printed name of Parent/Guardian_____

Signature of Parent/Guardian_____ Date: __/__/__

PERMISSION TO TREAT CHILD: I give Gymnastics Inc staff my permission to treat listed child in case of minor injuries. Parent/Guardian Signature _____ Date_____

PERMISSION TO PHOTOGRAPH CHILD: I give Gymnastics Inc permission to photograph listed child for marketing, personal gym photos or to sell to parents. Parent/Guardian Signature _____ Date_____