

CHILD'S NAME _____ PHONE _____

PARENT NAME _____ EMER PHONE _____

ADDRESS _____ CITY _____ ZIP _____

M / F CHILD'S BIRTHDAY _____ EMAIL _____

SPECIAL MEDICAL PROBLEMS _____

IMPORTANT GYM POLICIES, PLEASE READ!!!!

ALL STUDENTS MUST PAY AN ANNUAL REGISTRATION FEE OF \$15.00 WHICH IS NON-REFUNDABLE.

AFTER THE FIRST CLASS ENDS ALL FEES ARE NON-REFUNDABLE.

ALL STUDENTS ARE PERMITTED 1 MAKE UP CLASS EACH SESSION. MAKE UPS CANNOT BE RESCHEDULED.

THERE WILL BE A \$15.00 SERVICE CHARGE FOR ALL RETURNED CHECKS.

PICTURES MAY BE TAKEN PERIODICALLY DURING CLASS FOR ADVERTISING PURPOSES ONLY.

RISK OF INJURY CLAUSE: WE, THE STAFF OF GYM-KINETICS RECOGNIZE OUR OBLIGATION TO MAKE OUR STUDENTS AND THEIR PARENTS AWARE OF THE RISKS AND HAZARDS ASSOCIATED WITH THE SPORT OF GYMNASTICS, TUMBLING, CHEERLEADING, AND DANCE. STUDENTS MAY SUFFER INJURIES, POSSIBLY MINOR, SERIOUS, OR CATASTROPHIC IN NATURE. GYMNASTICS, TUMBLING, AND CHEERLEADING CAN BE DANGEROUS AND CAN LEAD TO INJURY! PARENTS SHOULD MAKE THEIR CHILDREN AWARE OF THE POSSIBILITY OF INJURY AND ENCOURAGE THEM TO FOLLOW ALL SAFETY RULES AND THE COACHES' INSTRUCTIONS. GYM-KINETICS, ITS COACHES AND OTHER STAFF MEMBERS, WILL NOT ACCEPT REPOSIBILITY FOR INJURIES SUSTAINED BY ANY STUDENT OR PARENT DURING THE COURSE OF GYMNASTICS, TUMBLING, DANCE, OR CHEERLEADING INSTRUCTION, OR OPEN WORKOUTS, OR IN THE COURSE OF ANY EXHIBITION, COMPETITION, OR CLINIC IN WHICH HE/SHE MAY PARTICIPATE OR WHILE TRAVELING TO OR FROM THE EVENT. WITH THE ABOVE IN MIND, AND BEING FULLY AWARE OF THE RISKS AND POSSIBILITY OF INJURY INVOLVED, I CONSENT TO HAVE MY CHILD OR CHILDREN PARTICIPATE IN THE PROGRAMS OFFERED BY GYM-KINETICS. I, MY EXECUTORS OR OTHER REPRESENTATIVES, WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGES THAT I OR MY CHILD MAY HAVE AGAINST GYM-KINETICS AND OR ITS REPRESENTATIVES WHETHER PAID OR VOLUNTEER.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____