

EXTREME GYMNASTICS REGISTRATION FORM

Please PRINT clearly, completing BOTH SIDES, and RETURN to office.

LAST NAME of FAMILY _____

MOTHER _____ FATHER _____

Billing Address _____ Town _____

State _____ Zip _____ Primary Phone _____

Mom's CELL _____ Dad's CELL _____

Primary EMAIL _____

Student's Name(s)	D.O.B.	Gender	Allergies	Prior Injuries

IMPORTANT: Please present your INSURANCE card to the office to be copied.

Referral Information:

How did you hear about EXTREME _____

Optional: Please list 2 friends whose children might benefit from our programs.
(You receive tuition credit for NEW referrals that sign up)

Name _____ Name _____

Address _____ Address _____

Acceptance of terms:

I, (print name) _____ have received a copy of the Extreme Gymnastics Reminders & Policies, and I understand fully its contents, especially with respects to: #2 Payments, #3 Make-ups, and #17 Pick ups/Drop offs.

Signature: _____ Date _____

Extreme Gymnastics Dual Release of Liability Waiver

PRINT CHILD's name _____ DOB _____

PRINT PARENT's name _____

Minor Release please read and sign.

I, the minor's parent and / or legal guardian, understand the nature of the activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor. or anyone on the minor's behalf makes a claim against any of the releasee named above; I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

SIGNATURE of PARENT/Guardian

Date

Please Read and Initial.

..... All children not involved in class are expected to behave and must be supervised by an adult, preventing them from ANY UNSAFE or inappropriate actions, in or out of the building.

..... CHILDREN ARE NOT TO BE LEFT ALONE OUTSIDE.

..... In the parking lot and around the building, parents must escort children reminding them to WALK.

..... Parking is in the FRONT lot, as non-staff vehicles are strictly prohibited from driving around the left side entranceway where children come and go.

..... Please pay attention and use the utmost safety and care when driving or walking thru the parking lot.

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If participating in a Parent/Child Class or over the age of 18- please read and sign.

I, (we) understand the nature of the activities and am in good health and in proper physical condition without limitations to participate in such an activity. I, (we) despite all reasonable precautions implemented for safety, am (are) 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 the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Extreme Gymnastics from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Extreme Gymnastics.

PARTICIPANT signature (If OVER 18)

Date