

CHILDREN IN ACTION GYMNASTICS

Registration Form

Student Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Sex: _____ Age: _____ D.O.B. ____/____/____

Emergency Contact _____ Emergency Phone# _____

Mother's Name: _____ Mother's Occupation: _____

Father's Name: _____ Father's Occupation: _____

How did you hear about Children In Action? _____

Are there any medical conditions to which the staff should be alerted to? Y / N

If yes, please describe. _____

CLASS INFORMATION:

Level _____ Day _____ Time _____

REGISTRATION / TUITION FEES:

Annual Registration Fee _____

First Tuition Payment _____

Family Discount _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY:

As the legal guardian of _____, I hereby consent to the above person participating in the **CHILDREN IN ACTION** gymnastics programs. I recognize that potentially severe injuries including permanent paralysis or death can occur in any activity involving height and motion. I also realize that my child will be performing and training on all gymnastics equipment plus various other training devices including the mini-trampoline. I understand that it is the express intent of **CHILDREN IN ACTION** to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby release **CHILDREN IN ACTION**, their consultants, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of **CHILDREN IN ACTION'S** consultants / employees. As legal guardian of the aforementioned student, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for **CHILDREN IN ACTION**.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal guardian's signature _____ Date _____