

Puget Sound Gymnastics Registration Form

Student Name: _____ Birthdate: ____/____/____

2nd Student Name: _____ Birthdate: ____/____/____

Phone: _____ Cell Phone: _____ Email address _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Employer: _____

Occupation _____ Phone: _____

Mother's Name: _____ Employer: _____

Occupation _____ Phone: _____

Emergency Contact (include phone) _____

How did you find about us? _____

Has the participant had any of the following? (If yes, explain on the back.)

Recurrent sprains, trick knees or elbows (circle those applicable) YES NO

Has your physician placed any limitations on participant in reference to participation in strenuous activities? YES NO

Acknowledgment of Risk and Waiver of Liability

As the parent or legal guardian of _____ I hereby consent to the afore named person participating in the programs offered by Puget Sound School of Gymnastics, Inc. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THAT RISK.

I also realize that my child will be performing and training on all gymnastics events plus various other training devices including the trampoline. I understand further that while payment of tuition and registration fees constitutes a part of the consideration due to Puget Sound School of Gymnastics, Inc. for allowing my child to use the facilities and equipment at Puget Sound School of Gymnastics, Inc. an additional and important part of the consideration due to Puget Sound School of Gymnastics, Inc. is this signed release form. Therefore, in consideration for allowing my child to use the Puget Sound School of Gymnastics, Inc.'s equipment and facilities, I hereby

forever release Puget Sound Gymnastics, Inc., its owners, officers, employees, teachers, and coaches from all liability for any and all damage and injuries suffered by my child while under the instruction, supervision or control of Puget Sound School of Gymnastics, Inc. its owner, officers, employees, teachers or coaches.

As the parent or legal guardian of the aforementioned person, I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for, or under the direction of Puget Sound School of Gymnastics, Inc. I also agree to provide accident insurance, I understand Puget Sound School of Gymnastics, Inc. insurance is a secondary insurance with a deductible. I give my permission as legal guardian or parent of the aforementioned person to participate in gymnastics

training, my child is both physically and psychologically prepared to participate in gymnastics or dance. My child will follow all rules for students. This acknowledgment of risk and waiver liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent's Signature: _____ Date: _____