



(Office Use) Entered Date _____

Registration and Waiver Form 2010-2011

Family Information

Parent's Full Name _____	Parent's Full Name _____
Address _____	City _____ State _____ Zip _____
Home # () _____ - _____	Cell # () _____ - _____
Alternate Phone # () _____ - _____	Name _____
Emergency Contact # () _____ - _____	Name _____
<i>Alternate phone numbers are in case of an emergency and parents are not reachable</i>	
Parent's Work # () _____ - _____	Parent(s) Place of Business _____
Parent's Work # () _____ - _____	Occupation _____
Child's School _____	

*****E-mail Address** _____

**Receive our newsletters reminding you of upcoming events, priority registration, savings & coupons.*

Child's Name _____	Gender _____	Age _____	Birthday ____/____/____
Child's Name _____	Gender _____	Age _____	Birthday ____/____/____
Child's Name _____	Gender _____	Age _____	Birthday ____/____/____

*****Please list all Medical Conditions or Allergies that we should be aware of:** _____

How did you here about us? (Circle one) Word of mouth, Flyer, Internet, Web Site, B-day, Drive by, Other _____

Referred by: Last name _____ First name _____ phone # _____

*****PLEASE LIST AUTHORIZED ALTERNATIVE ADULT PICK UP: ***We will only allow these adults to pick up your child:**

Adult's Full Name _____	Phone Number _____
Adult's Full Name _____	Phone Number _____
Adult's Full Name _____	Phone Number _____

Late Fee: \$1 per minute for gymnasts picked up 10 minutes past the end of their class. **INITIAL** _____

*****PLEASE LIST ANYONE WHO IS NOT ALLOWED TO PICK UP YOUR CHILD:**

Adult's Full Name _____

Assumption of Risk • Waiver of Liability • Photo Release • Medical Authorization

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities include but not limited to gymnastics, tumbling, trampoline, aerials, dance, cheerleading and fitness classes. Being fully aware of these dangers, I hereby give consent for my child(ren) and myself to participate in any and all *Gym Ventures, Inc.* programs and activities and I ACCEPT ALL RISKS associated with this participation. I hereby understand that Gym Ventures facility does not provide supervised child care services. I understand that myself or an arrangement will be made to pick up and drop off my child(ren) at the appropriate time.

In consideration for my own or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors PROMISE NOT TO SUE and FOREVER RELEASE *Gym Ventures, Inc.* its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(rens) participation I hereby grant my permission for my child's likeness to be used in *Gym Ventures, Inc.* publicity and advertising.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold *Gym Ventures, Inc.* and its representative harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for *Gym Ventures, Inc.*

I have read and understand the ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTO REALESE, MEDICAL AUTHORIZATION and REGISTRATION HANDBOOK and I VOLUNTARILY affix my name in agreement.

PARENT /LEGAL GUARDIAN'S

• **Signature** _____ **Date** ____/____/____