

AMERICAN GYMNASTICS CLUB REGISTRATION FORM

Which Days of Camp are you signing up for? _____ Half (9-12) Full (9-3)
Student's Name: _____ Date of Birth ____/____/____ Sex M F
Address: _____ City: _____ Zip Code: _____
Home Telephone () _____ Cell phone () _____

Parent/Guardian's Name _____
Parent/Guardian's Name _____
Email Address (for billing purposes only) _____

Authorized for pick up your child from camp:

Name _____	Telephone Number _____
Name _____	Telephone Number _____
Name _____	Telephone Number _____

Previous Injuries, physical disabilities, allergies, etc. _____

Insurance Company _____

Please Take and Read the attached Rules and Policies.

WAIVER AND RELEASE FORM

I fully understand that American Gymnastics Club staff members are not physicians or medical practitioners of any kind. With the above in mind, **I hereby release** the American Gymnastics Club staff to render first aid to my child in the event of any injury or illness, and if deemed necessary by the American Gymnastics Club staff to call our doctor and seek medical help, including transportation by an American Gymnastics Club staff member or its representatives, whether paid or volunteer to any health care facility or hospital, or the calling of an ambulance for said child should the American Gymnastics Club staff deem this to be necessary.

We the staff of American Gymnastics Club recognize our obligation to make our students and their parents aware of the risk and hazards associated with the sport of gymnastics and tumbling. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. **Gymnastics and tumbling can be dangerous and can lead to injury!**

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions.

The American Gymnastics Club, its coaches and other staff members, will not accept responsibility for injuries sustained by and student during the course of gymnastics, tumbling, dance, open workout, gymnastics camp, birthday party, or in the course of any exhibition, competition or clinic in which he or 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 American Gymnastics Club.** I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against the American Gymnastics Club and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels appropriate. American Gymnastics Club will only warn through "Safety Messages" and our teaching style and progressions. **I give my child permission to participate in gymnastics classes at American Gymnastics Club.** I have read and understand the American Gymnastics Club's attached Rules and Policies.

Parent or Guardian Signature _____ Date ____/____/____