

AMERICAN GYMNASTICS CLUB REGISTRATION FORM

Where did you hear about our club? _____ Date ___/___/___
Student's Name: _____ Date of Birth ___/___/___ Sex M F
Address: _____ City: _____ Zip Code: _____
Home Telephone () _____ Cell Phone () _____
Email Address (for billing purposes only) _____
Previous Injuries, physical disabilities, allergies, etc. _____
Insurance Company _____ Policy Number _____

Parent/Guardian's Name _____
Parent/Guardian's Name _____

Emergency Contact (other than parent or guardian)

Name _____ Telephone Number () _____
Address _____ City: _____ Zip Code _____
Parent/Guardian Signature: _____

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 to call 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. American Gymnastics Club will warn through "Safety Messages" and our teaching style and progressions. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. **Gymnastics can be dangerous and can lead to injury!**

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.

I affirm that I 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.

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.

I have read and understand the American Gymnastics Club's Rules and Policies.

Parent or Guardian Signature _____ Date ___/___/___

Parent or Guardian Signature _____ Date ___/___/___