

Castle Gymnastics Registration and Waiver form

1st Child First: _____ Last: _____ Sex: Male Female Class: _____ D.O.B. _____
 2nd Child First: _____ Last: _____ Sex: Male Female Class: _____ D.O.B. _____

Tuition: _____

Address: _____ City: _____ State: _____ Zip: _____

PO Box: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Email address: _____
Email used solely for informing you of special events, payment due dates, gym closures & miscellaneous information. No email address will ever be sold.

Parent/Guardian's Name: _____	Occupation: _____	Work #: _____ Cell #: _____
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Parent/Guardian's Name: _____	Occupation: _____	Work #: _____ Cell#: _____
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How did you hear about Castle Gymnastics?
The following must be read and signed by the parent or legal guardian of all minor students or by the student if of legal age.

Waiver, Acknowledgement of Risk, & Medical Authorization:

As legal guardian of the above child(ren), I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to tumbling, trampoline, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned child(ren) participating in any and all of Castle Gymnastics programs and activities and accept all risks associated with that participation. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction. I am also aware that the gym area is for participants only and that if I enter the gym, I am doing so at my own risk.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child, hereby assume all risks associated with the activities mentioned above and agree to hold Castle Gymnastics, its staff or representatives harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with participation in gymnastics, tumbling, trampoline, cheerleading, open gym or in the course of any exhibition, competition or clinic in which he/she may participate or while traveling to or from the event. In the event of an emergency, I hereby release Castle Gymnastics staff or representatives to render temporary first aid to my child or children in the event of any injury or illness and if deemed necessary by Castle Gymnastics staff or representatives to seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance for the said child(ren) should Castle Gymnastics staff or representatives deem this to be necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses that may be incurred by my child as a result of any injury sustained while participating at or for Castle Gymnastics. 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 have read and understand this acknowledgement of risk, waiver of liability and medical authorization and I voluntarily affix my name in agreement.

Signature: _____ Date: _____
PARENT OR LEGAL GUARDIAN'S SIGNATURE

FINANCIAL OBLIGATION: I assume responsibility for meeting the appropriate payment schedule. Payments are due by the first of the month. There is a \$5 late fee if tuition is paid after the 10th of the month. If tuition is not received by the 15th the space is open for enrollment. In order to re-enroll, new registration will be required. Make-ups will be allowed if they can be arranged by attendance in a similar class that is not filled to capacity. You must call when missing a class in order to schedule a make-up. Make ups may only be scheduled if you are currently enrolled at Castle Gymnastics and must be made up in the same month as the class missed.

I, as parent or guardian, have read the above and by signing this form I am agreeing to the payment schedule outlined above.

Signature: _____ Date: _____
PARENT OR LEGAL GUARDIAN'S SIGNATURE