

GEORGIA ALL-STAR GYMNASTICS ENROLLMENT FORM

Parents Name: _____
Class _____ Day: _____ Time: _____
Address: _____
City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____
Cell Phone: _____

Emergency Contact & Phone

Name: _____ Phone: _____

Child's Name: _____ Date of Birth: _____

Age: _____ Gender: M or F

Parents E-mail: _____

Health Ins. Company: _____

Is your child currently on medication? Yes/ No If so, what? _____

Previous Injuries:

Chronic Illness/ Allergies: _____

How did you hear about Ga, All-Star Gymnastics? _____

I understand the withdrawal policy as published.

Parent Signature: _____ Date: _____

The below must be signed prior to your child beginning their class

Waiver and Release

BECAUSE OF THE VERY NATURE OF THE SPORT OF GYMNASTICS, WHICH INVOLVES MOTION, HEIGHT AND SPEED, GYMNASTICS CARRIES WITH IT THE RISK OF PHYSICAL INJURY. THESE RISKS CAN BE REDUCED TO A SIGNIFICANT DEGREE. THEY CANNOT BE ELIMINATED.

I authorize the staff of Georgia All-Star Gymnastics, Inc. To organize any required medical treatment or first aid procedure in the event that such a situation arises, and the parent, guardian or emergency contact person is not available. The undersigned hereby forever releases, discharges and covenants to hold harmless the staff of Georgia All-Star Gymnastics, Inc. and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assignees from any and ail claims, demands, damages, costs, expenses, loss of service, actions and causes of action belonging to the undersigned or arising out of any act or occurrence and particularly on account of all personal injury disability, property damage, loss or damage of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of participation in the above mentioned program. The undersigned hereby bind their heirs, administrators, executors and successors.

Date: _____ Signed: _____

Relationship to Participant: _____