



Registration Form

Date: _____ Session: _____

1st Student's Name: Last: _____ First: _____ Birth Date: __ __ __ Age: ____ Sex: ____

Allergies/Medical Conditions: _____ Class/Day/Time _____

2nd Student in Family: Last: _____ First: _____ Birth Date: __ __ __ Age: ____ Sex: ____

Allergies/Medical Conditions: _____ Class/Day/Time _____

3rd Student in Family: Last: _____ First: _____ Birth Date: __ __ __ Age: ____ Sex: ____

Allergies/Medical Conditions: _____ Class/Day/Time _____

Mother's Name _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

(If same as above leave address lines blank)

Custodial Parent/Guardian: _____

In case of emergency the person other than a parent to be notified:

Name/Relationship _____ Emergency Phone _____

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**E-mail Address: _____

(E-mail address will be used for notification of gym closings, special events, open gyms...)

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How did you hear about us?

- Advertisement, if so, which one _____
- Newspaper Article, if so, which paper _____
- Friend Referred by _____
- Driving by
- Phone book
- Other

PLEASE READ THE AGREEMENT ON THE REVERSE SIDE AND PROVIDE YOUR SIGNATURE.



Recommendation

It is recommended that every participant at Infinity have a physical exam prior to enrolling in any of our programs. It is the responsibility of the parent or guardian to bring forth all physical and/or mental conditions or any changes that may inhibit the participants' performance throughout the year. The parent or guardian should recognize that there are definite risks of injury when participating in any sports related activity (gymnastics). In order to minimize these risks, it is essential that the participant and parent or guardian know of and follow all written and posted safety rules. We reserve the right to refuse any participant who does not follow these rules.

Release and Hold Harmless Agreement

I fully understand that Infinity Gymnastics Academy (Infinity) staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Infinity staff to render temporary aid to my child or children in the event of any injury or illness, and if deemed necessary by the Infinity staff, to call a doctor and to seek medical help, or the calling of an ambulance at my expense for said child should Infinity staff deem this to be necessary.

The name of the minor is: _____ Parent or Guardian: _____

We, the staff at Infinity, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, open workouts, and dance and the clinics or exhibition of the events listed. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, Cheerleading, and Open Workouts can be dangerous and can lead to injury! I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury and that I will encourage my child to follow all the safety rules and the coaches' instructions. Infinity will only warn the child through "Safety Messages" and our teaching style and progressions.

I further agree that Infinity, and the sponsor of any Infinity event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my or my child in the event or traveling to or from the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals listed above.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or myself participate in the programs offered by Infinity. I, my executors or other representatives, waive and release all rights and claims for damages that my child or I may have against Infinity and or its representatives whether paid or volunteer.

I also give Infinity my permission to photograph and use any such photographs of my child or myself whether in the gym or outside of the gym during any or all activities relating to Infinity without receiving any compensation for any advertising where these photographs may appear or be used.

By registering my child, children or myself, at Infinity Gymnastics Academy I agree to abide by all of the rules and policies set forth in the Welcome Letter, which I have been given and read thoroughly, including the policy regarding registration fees. The annual registration fees are non-refundable, no exceptions.

Date

Signature: Parent or Guardian