

# DYNAMITE GYMNASTICS, TUMBLING & CHEERLEADING

## Registration Form



### GYMNAST/STUDENT

Name: \_\_\_\_\_ **Program/Level:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Age/Grade: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Class Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 Gender: M  F  Class Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail Address:** \_\_\_\_\_

### PARENT/LEGAL GUARDIAN COMPLETE ALL SPACES\* DO NOT WRITE "SAME"

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### EMERGENCIES/MEDICAL

#### Please list two people who could be contacted in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_

List any medical disabilities: asthma, broken bones, etc. \_\_\_\_\_

Physician: \_\_\_\_\_ Phys. Phone: (\_\_\_\_) \_\_\_\_\_

#### How did you hear about Dynamite Gymnastics, Tumbling & Cheer?

Friend: \_\_\_\_\_  Other: \_\_\_\_\_  
 Television  Internet  Coupon  Radio  Yellow Pages

#### List any prior gymnastics experience:

\_\_\_\_\_  
 \_\_\_\_\_

### ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION AND FINANCIAL RESPONSIBILITY.

As legal guardian of \_\_\_\_\_, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance and cheerleading. I am also aware that some participation may involve transportation to and from events and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Dynamite GTC, LLC. programs, camps, activities and I ACCEPT ALL RISKS associated with that participation.

In consideration of allowing my child to use these facilities, I, on my own behalf and on behalf of my child or our respective heirs, directors, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Dynamite GTC, LLC., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Dynamite GTC, LLC., without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Dynamite GTC, LLC. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury, sustained while participating at or for Dynamite GTC, LLC.

Additionally, I, the Parent/Guardian of aforementioned child, am financially responsible for payment of tuition through the end of the session unless a written notice or a physicians' medical release is received by Dynamite GTC, LLC prior to leaving the program. In the event your account is past due, it may be turned over to a collection agency and then you agree to responsible for all reasonable fees necessary for the collection of the delinquent account.

### I have read and fully understand this: ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION, FINANCIAL RESPONSIBILITY

as signed in acknowledgement below.

Parent or Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**OFFICE USE** Starting Date: \_\_\_\_\_ **SIBLINGS:** \_\_\_\_\_  
**ANNUAL REGISTRATION FEE**  Family  Individual \$ \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_  Cash  Charge  Check # \_\_\_\_\_  
**CLASS FEE**  Single Child  Additional Child \$ \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_  Cash  Charge  Check # \_\_\_\_\_  
 ZIPGYM  STUDENT FOLDER  ATTENDANCE **INITIALS:** \_\_\_\_\_