

DYNAMITE GYMNASTICS, INC.

REGISTRATION FORM

GYMNAST/STUDENT

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____
Gender: M F
Date of Birth: _____
E-mail Address: _____

LEVEL: _____
Program: _____
Age/Grade: _____
Class:
Day: _____ Time: _____
Day: _____ Time: _____
Day: _____ Time: _____

PARENT/LEGAL GUARDIAN

***DO NOT WRITE "SAME" COMPLETE ALL SPACES**

Father: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Place of Employment: _____
Work Phone: (____) _____

Mother: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Place of Employment: _____
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?

Friend: _____ Coupon Radio Television
 Internet School Other: _____

List any prior gymnastics experience:

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:** _____



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 Gymnastics Inc. 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 Gymnastics Inc., 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 Gymnastics Inc., 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 Gymnastics Inc., 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 Gymnastics Inc.

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 Gym prior to leaving the program.

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