SUMMER'10 REGISTRATION FORMS

GYMNAST/STUDENT

Name:_____ **LEVEL**:_____
Address:_____
City:_____State:____Zip:_____ Grade/Age:_____
Home Phone:(___)_____
Gender: M☐ F☐ Day:____Time:_____
Date Of Birth:_____ Day:____Time:_____
E-Mail Address:_____

CHOOSE YOUR NUMBER OF WEEKS FOR FLEX-TERM

☐ 10 WEEKS ☐ 9 WEEKS ☐ 8 WEEKS

CHOOSE THE WEEKS YOU ***WILL*** ATTEND CLASS

☐ June 7 – June 11
☐ June 14 – June 18
☐ June 21 – June 25
☐ June 28 – July 2
☐ July 5 – July 9
☐ July 12 – July 16
☐ July 19 – July 23
☐ July 26 – July 30
☐ Aug 2 – Aug 6
☐ Aug 9 – Aug 13

Attendance/ Make-up Policy: There are **NO MAKE UPS** during Term X due to the Flex schedule. You can only attend the class time in which you signed up for during the weeks that you have chosen.

Parents
Signature:X_____Date:_____

Dynamite Gymnastics Tumbling & Cheerleading

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., it 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

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:** _____