

# SUMMER'08 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 2 – June 6                       July 7 – July 11  
 June 9 – June 13                     July 14 – July 18  
 June 16 – June 20                    July 21 – July 25  
 June 23 – June 27                    July 28 – Aug 1  
 June 30 – July 4                       Aug 4 – Aug 8

**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: \_\_\_\_\_



### 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

**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: \_\_\_\_\_