

For Office Use Only:

Team/Class: _____

Reg. Date: _____



Registration Form

Athlete's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Information

Name: _____ Email: _____

Cell: (____) _____ Home: (____) _____

Medical Information

Please list any physical/psychological limitations, injuries, or weaknesses that may affect the athlete's participation and/or performance:



Medications: _____ Insurance Carrier: _____

Allergies: _____ Policy #: _____

Doctor: _____ Emergency Contact: _____

Phone: (____) _____ Phone: (____) _____

Gym Skills Gymnastics & Tumbling LLC. (GSGT)

Assumption of Risk • Waiver of Liability • Photo Release • Medical Authorization

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities include but not limited to gymnastics, tumbling, trampoline, aerials, dance, cheerleading and fitness classes. Being fully aware of these dangers, I hereby give consent for my child(ren) and myself to participate in any and all Gym Skills Gymnastics & Tumbling, LLC programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my own or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors PROMISE NOT TO SUE and FOREVER RELEASE Gym Skills Gymnastics & Tumbling, LLC its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(ren) participation I hereby grant my permission for my child's likeness to be used in Gym Skills Gymnastics & Tumbling, LLC publicity and advertising.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Gym Skills Gymnastics & Tumbling, LLC and its representative harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Gym Skills Gymnastics & Tumbling, LLC

I have read and understand the ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTORELEASE, MEDICAL AUTHORIZATION and REGISTRATION HANDBOOK and I VOLUNTARILY affix my name in agreement.

Athlete's Name (Printed): _____ Name of Parent/Guardian: _____

Athlete's Signature: _____ Signature of Parent/Guardian: _____

Date: _____