



Creative Gymnastics Center 2010-2011



Emergency Information-Participation Agreement-Liability Release

Student's Name:

1st Last _____ First _____ Date of Birth _____ Male/Female

2nd Last _____ First _____ Date of Birth _____ Male/Female

3rd Last _____ First _____ Date of Birth _____ Male/Female

Students Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian's First and Last Name: _____

Is the above parent or guardian the billing contact? Yes No If not, please inform the office!

Phone: Home () _____ Work () _____ Cell () _____

Relationship to student: _____ Address: _____

City: _____ State: _____ Zip: _____

PERSON OTHER THAN PARENT TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name: _____ Phone: () _____

Cell Phone: () _____ Relationship to student: _____

PARTICIPATION:

Fully Informed: The officers and staff of CREATIVE GYMNASTICS CENTER have been informed of any special physical or mental conditions that could influence the type, duration, or intensity of training the student will receive. Please list Allergies, Medical Conditions or Medications that could affect participation in gymnastics classes.

Waiver and Release: I/we are fully aware of, appreciate, and accept the risks involved in doing gymnastics and tumbling activities including; the risk of catastrophic injury, paralysis, and even death. I/we further agree that CREATIVE GYMNASTICS CENTER, along with its employees, agents, officers and directors shall not be liable for any losses or damages occurring as a result of the student's participation in this sport.

Agreement To Pay: I understand that there are no refunds or credits for missed or dropped classes one the session begins and that I am liable for the full monthly tuition even if only a partial payment has been made. It is my responsibility to notify the office in writing or in person if I decide to drop from the program. Registration fees are nonrefundable once classes begin.

Photographs: I give CREATIVE GYMNASTIC CENTER permission to take tasteful and appropriate pictures of my child for the
**I HEREBY GIVE MY PERMISSION TO CREATIVE GYMNASTICS CENTER TO OBTAIN
 EMERGENCY MEDICAL TREATMENT FOR MY CHILD IF DEEMED NECESSARY:**

Both
must be
signed!



Parent or Legal Guardian Signature: _____ **Date:** _____

Billing Contact Signature: _____ **Date:** _____

<i>Office Use Only:</i> Registration Fee: _____	1 _____	2 _____	3 _____
	Tuition 1 _____	Tuition 2 _____	Tuition 3 _____
	Class # _____	Class # _____	Class # _____