

**EMERALD CITY GYMNASTICS ACADEMY
REGISTRATION FORM**

PARTICIPANT _____ BIRTHDATE _____ SEX _____
SIBILINGS _____ BIRTHDATE _____ SEX _____
_____ BIRTHDATE _____ SEX _____
PARENTS/GAURDIANS _____
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ BUS. PHONE _____ CELL _____
HOW DID YOU HEAR ABOUT US _____ **EMAIL** _____
URGENCY CONTACT _____ PHONE _____
KNOWN MEDICAL FLAGS _____
INSURANCE COMPANY _____ POLICY # _____

PERMISSION AND NOTIFICATION OF RISK: The above named participant has my permission to attend and participate in the EMERALD CITY GYMNASTICS ACADEMY programs. I confirm that to the best of my knowledge my child is in good health and is fit to participate in gymnastics and related activities and is free from any medical condition that would limit his/her activity. I understand that there is inherent danger and a resulting possibility of injury, which may be incurred during my child's participation in gymnastics, cheerleading, dance and related activities. Gymnastics, cheerleading and related activities, like any other athletic activity involving motion, rotation and height involves a risk of injury. Paralysis or even death can result from landing improperly on your head, neck or back.

WAIVER AND ASSUMPTION: Inconsideration of the acceptance of this registration to participate in the EMERALD CITY GYMNASTICS ACADEMY, INC. PROGRAMS, I for myself, executors, administrators and assigns, waive, release and discharge any and all rights and claims for damages against EMERALD CITY GYMNASTICS ACADEMY, INC. and the directors, employees and agents of the Academy, for all claims arising or resulting from participation in said programs. I attest and verify that I have knowledge of the risks involved in these programs and I will assume those risks for the participant registered above.

CONSENT TO MEDICAL CARE AND TREATMENT OR A MINOR: I hereby authorize EMERALD CITY GYMNASTICS ACADEMY or any employee thereof to call any medical or other emergency personnel and/or arrange for medical treatment, including diagnostic, hospital or surgical procedures as may be prescribed or performed by a treating physician for the above name participant, if I cannot be reached in the case of any emergency. This consent includes, but not limited to, examinations, test, medical treatment, administration of necessary anesthetics, transfusions, or drugs and the performing of whatever operation may be deemed necessary or advisable. It is understood this authorization is given in advance of any specific diagnosis, the undersigned with notice to the treating physician and hospital, or until the undersigned void their signature hereon. Attempts will be made to contact the parent/guardian prior to medical treatment.

(signature of parent/guardian)

(date)

I UNDERSTAND that there is an annual registration fee, which is payable upon enrollment and each subsequent year thereafter as a participant in EMERALD CITY GYMNASTICS ACADEMY. I agree to pay tuition on the first lesson of each session. Tuition not paid by your first lesson of the session may be assessed a late charge of \$5.00. Students who attend a class during a session will be required to pay the full session tuition amount. Students remain enrolled session to session, a 2-week advanced written notification before the end of the session is required to discontinue a class. For any participant for whom tuition or other fees is not paid by the 15th of the month, their enrollment may be discontinued. There is **NO PRORATING FOR MISSED CLASSES** and **NO REFUNDS**, please register carefully.

(signature of parent/guardian)

(date)

17969 NE 65th Street, Redmond WA 98052, 425-861-8772, ecqa@sprynet.com

-----Office Use Only-----

Class Level _____ Amount Due _____ Reg. Fee _____ Date _____
03/05