

# EMERALD CITY GYMNASTICS ACADEMY

## REGISTRATION FORM

PARTICIPANT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

SIBILINGS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

\_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ Email \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ Email \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_  
NAME CELL NUMBER

KNOWN MEDICAL FLAGS \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

**PERMISSION AND NOTIFICATION OF RISK:** The above named participants have my permission to attend 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 conditions that would limit his/her activity. I understand that there is inherent danger and a resulting possibility of injury, which may be incurred in my child's participation in gymnastics and related activities. Gymnastics, 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 one's head, neck or back.

**WAIVER AND ASSUMPTION:** In consideration of the acceptance of this registration to participate in the Emerald City Gymnastics Academy programs, I for myself, executors, administrators and assigns, waive release and discharge and all rights and claims for damages against Emerald City Gymnastics Academy, and the owners, 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 participants registered above.

**CONSENT TO MEDICAL CARE AND TREATMENT FOR 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 procedure as may be prescribed or preformed by a treating physician for the above named participant, if I cannot be reached in the case of emergency. This consent includes, but not limited to, examinations, test, medical treatment, administration of 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/guardians prior to medical treatment.

\_\_\_\_\_  
Signature of parent/guardian Date

I understand that there is a registration fee which is payable upon enrollment and each subsequent year thereafter as a participant of Emerald City Gymnastics Academy. I agree to pay tuition on the first lesson of each session or accrue a \$10.00 late fee. Students remain enrolled month to month, a 2-week advanced written notification is required to discontinue enrollment. For any participant for whom tuition or other fees are not paid for 3 months will result in an automatic drop. There is no prorating for missed classes and no refunds, PLEASE register carefully.

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Signature of parent/guardian Date