

SPORTASTIKS GYMNASTICS

REGISTRATION FORM - PLEASE PRINT

STUDENT NAME _____ MALE OR FEMALE _____

BIRTHDATE ____/____/____ AGE _____ SCHOOL _____ GRADE _____

MOTHER'S NAME _____ CELL _____ WORK _____

FATHER'S NAME _____ CELL _____ WORK _____

HOME PHONE _____ EMAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY PHONE _____ NAME & RELATION _____

HOW DID YOU HEAR ABOUT US? FRIEND DRIVE BY WEBSITE FLYER OTHER _____

PRIMARY HEALTH CARRIER _____ POLICY # _____

PHYSICIAN _____ PHONE _____ DENTIST _____ PHONE _____

LIST ANY AND ALL MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS INCLUDING ALLERGIES _____

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, cheerleading, dance and martial arts. Being fully aware of these dangers, I hereby give my consent for my child(ren) to participate in any and all **SPORTASTIKS** programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE **SPORTASTIKS** officers, directors, members, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result or participation including those resulting from acts of negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold **SPORTASTIKS** and it's representatives 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 **SPORTASTIKS**.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child(ren)'s likeness to be used in **SPORTASTIKS** publicity and/or advertising. It is also understood that no compensation will be given by the **SPORTASTIKS** for use of pictures or videos.

_____, the undersigned agree to pay said Tuition on or before the 25th of each month. In the event that the said amount is not received on or before the 25th of the month, I also agree to pay a \$10.00 late fee.

_____, the undersigned, understand that I may terminate this agreement upon written notice to the **SPORTASTIKS** office, provided said notice is received at least 30 days prior to the beginning of the month that I am wishing to withdraw from the program. **VERBAL WITHDRAWALS ARE NOT ACCEPTED.** Withdrawal forms are located in the **SPORTASTIKS** office!

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement. I have also received and read a copy of all **SPORTASTIKS** POLICIES and agree to adhere to them, including NO REFUNDS.

PARENT / GUARDIAN SIGNATURE

DATE

First day of class _____
Registration Amount _____
Tuition / Prorated Tuition _____
Total to Begin _____
Cash / Check / Credit _____

Computer _____
Roll Sheet _____

Class ID _____
Class ID _____
Employee Initial _____

