



# Summer Gymnastics/Open Gym 2017

Child's Last Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ (office use only)

Child's First Name	M.I.	Date of Birth	Age	Class Level/Day & Time	# Wks	Class Fee	Class Code

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ New Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Total Fees: \_\_\_\_\_

Total Due: \_\_\_\_\_ MC \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV # \_\_\_\_\_

Amt Paid: \_\_\_\_\_ VISA \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV # \_\_\_\_\_

Receipt #: \_\_\_\_\_

*I have read and understand North Shore's Refund Policy. I have read and signed the Waiver/Release Form*

**Signed** \_\_\_\_\_ **Dated** \_\_\_\_\_

## ATHLETE/PARENT AGREEMENT/WAIVER RELEASE FORM

In consideration of my participation in North Shore Academy of Gymnastics classes, events, and activities, I agree to be bound by each of the following:

- Eligibility:** I agree to comply with the rules of North Shore Academy of Gymnastics.
- Readiness to Participate:** I will only participate in those North Shore Academy classes, events, competitions and activities for which I believe I am physically and psychologically prepared.
- Medical Attention:** I hereby give my consent to North Shore Academy and/or the staff of North Shore Academy to secure any medical treatment my child(ren) may need.
- Waiver and Release:** I am fully aware that gymnastics is a dangerous sport and appreciate the risks, including risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

I further agree that North Shore Academy of Gymnastics, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Parents should make their child(ren) aware of the possibility of injury and encourage their child(ren) to follow all the safety rules and the coaches' instructions.

We, the staff of North Shore Academy of Gymnastics recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and can lead to injury.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child(ren) participate in the programs offered by North Shore Academy of Gymnastics. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child(ren) may have against North Shore Academy of Gymnastics and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child(ren)'s protection and my own protection.

**My primary health/medical/accident insurance company is:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_