

2016/2017 HIGH SCHOOL

Last Name _____ Today's Date: _____

Student #1 Name _____ Birthday _____

Student #2 Name _____ Birthday _____

Best Contact Number _____

Address _____ City _____ Zip _____

Mother _____ Work or Cell Phone _____

Father _____ Work or Cell Phone _____

E-Mail Address _____

Health Insurance Company: _____ Pol. # _____

*Private health insurance is required to participate in our High School Class

Medical Conditions/Allergies: _____

Emergency Contact _____ Phone _____

I give my consent for my child's photo to be published on the Gymnastics East website.

Only first name, if any, will be used. Yes _____ No _____

Auto Pay: Yes _____ No _____

Card # _____ (VISA/MC only) Expiration Date _____

Signature _____

- **You are authorizing Gym East to charge any purchases related to the high school class or gymnastics supplies purchased by your child.**

Please read and sign the Waiver and Release on the reverse side.

Waiver and Release

General: In consideration of allowing the below named student to enroll in a gymnastics school program and the use by the students of the premises and the property of said school, the undersigned, being the legal and acting guardians of the student, acting for themselves and on behalf of the student, release and hold harmless Gymnastics East Inc., it's owners, officers and employees of and for any and all liability, claims, actions and causes of actions whatsoever, arising out of or relating to any loss, damage or injury that may be sustained by the student while in, on, or upon the premises of Gymnastics East Inc.

Medical Attention: The undersigned, being duly aware of the risks and hazards inherent upon participation in the classes, activities, and events being conducted by Gymnastics East Inc., acting for themselves and the student, hereby elect voluntarily to enter upon said premises under the control of said corporation, knowing their present condition. The undersigned acting for themselves and the student, hereby voluntarily assume all risks of loss, damage, or injury that may be sustained by the student while in said premises described above. In the event of any incident which may require immediate medical / dental or any other emergency attention / care, in which the Legal Guardian cannot be notified in a responsible time through reasonable means, I hereby authorize Gymnastics East to take all necessary actions as it relates to immediate medical training attention, transportation and emergency medical services as warranted in the course of care of the undersigned student. I realize that I will be responsible for all fees and expenses as they may relate to this medical attention paragraph.

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a gymnastics event. I further agree that Gymnastics East Inc. along with its employees, agents, officers, and directors shall not be liable for any losses, expenses, or damages occurring as a result of my participation in the class, activities or event except where such loss of damage is the result of the intentional or reckless conduct of one of the groups or individuals identified above.

Acknowledgement: This release shall be binding upon distributees, heirs, next of kin, executors and administrators of the student and undersigned.

In signing this release the undersigned hereby acknowledges:

- a) That he or she has read this release, understands it and signs it voluntarily.
- b) That the undersigned signing as legal guardian is true legal guardian.

_____ (initial here)

Policies & Procedures

Gym Rules: Due to insurance regulations, adults and unenrolled siblings are NEVER allowed in the gym area or on any equipment.

_____ (initial here)

I have read and understand the above Gymnastics East Waiver and Policies

Student(s) Name(s) _____ Date _____

Legal Guardian Signature _____