

# Atlantic Gymnastics Training Center, Inc.

## STUDENT REGISTRATION

Amount Pd: \_\_\_\_\_ How Pd \_\_\_\_\_ Registration Pd. \_\_\_\_\_

### Student Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

### PROGRAM

Bouncing Bears \_\_\_\_\_ Tumbling Tiger \_\_\_\_\_ Leaping Lion \_\_\_\_\_

Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Rec 9&up \_\_\_\_\_ ADV \_\_\_\_\_

Tumble 1(6-11yrs) \_\_\_\_\_ Tumble 2(6-11yrs.) \_\_\_\_\_ Tumble 1(12&up) \_\_\_\_\_ Tumble2(12&up) \_\_\_\_\_ Tumble 3 \_\_\_\_\_

Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_

### Parents Information

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

## ATLANTIC GYMNASTICS TRAINING CENTER, INC.

### MEDICAL RELEASE FORM

I, the parent/legal guardian of \_\_\_\_\_ give permission for the staff at Atlantic Gymnastics Training Center, Inc. to give my child simple first aid or to be transported to a hospital to receive emergency medical treatment.

Who should Atlantic call in case of an emergency:

1. Name/Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

2. Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy# \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in the **Atlantic Gymnastics** I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below: and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge and covenant not to sue **Atlantic Gymnastics** its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers and if applicable owners and lessors of premises on which the activity takes place, ( each considered one of the “Releasees” herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any loss, liability, damage or cost which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_ Date: \_\_\_\_\_

Printed name of participant

\_\_\_\_\_  
Signature of Participant ( Unless under 18)