

**Atlantic Gymnastics Training Center, Inc.**  
**STUDENT REGISTRATION**

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

**HOW DID YOU FIND US?** \_\_\_ Web \_\_\_ Newspaper \_\_\_ Parenting NH \_\_\_ Seacoast Kids Calendar \_\_\_ Bday Party  
\_\_\_ Field Trip \_\_\_ Referred by a friend \_\_\_\_\_ Other \_\_\_\_\_

**STUDENT INFORMATION**

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

ADDITIONAL CHILDREN:

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

3) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

4) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION** (Atlantic Gymnastic does not share customer information with any other entities)

Name \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_

**Would you like to be notified via text message if we close for classes due to weather/emergencies?** yes no

**Email** (for special deals and upcoming events): \_\_\_\_\_

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

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

**ATLANTIC GYMNASTICS TRAINING CENTER, INC. MEDICAL RELEASE FORM**

Please tell us anything that we need to or should be aware of (Disclosure of medical conditions, behavioral diagnoses, etc is requested for safety reasons as well as allowing for the best possible experience for your child)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Severe allergies that we should be aware of? \_\_\_\_\_

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 if we are unable to reach you?**

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

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

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

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

→→→→→TURN OVER →→→→→→→→→→

**Program Refunds:**

**Refunds are given only to customers who withdraw prior to start of class. NO refunds or credits given after programs begin. With prompt notification of a medical/family emergency an individual may withdraw from class and make up missed classes where space is available, within 30 days.**

**I have read and understand the policies regarding refunds.**

**Please sign \_\_\_\_\_**

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

In consideration of participating at **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.

\*If you would **not** want Atlantic Gymnastics to use images of your child for marketing purposes or for program development please initial here \_\_\_\_\_

\_\_\_\_\_ Printed name of **participant(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the above waiver and understand the risks involved and have discussed gym safety with my child(ren).

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

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

Signature of Parent or Legal Guardian if participant(s) is under 18