

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 Birthday 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: _____

PARENTS INFORMATION

Name _____ Work # _____ Cell# _____

Name _____ Work # _____ Cell# _____

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 medical that we need to be aware of:

Any allergies that we need to 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 Guardian

_____ Date: _____

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