

# TGA Registration Form

## 2008-2008

Please completely fill out both sides of the form.

Please print neatly.

### Personal Information

Student's Name \_\_\_\_\_ Sex of Student \_\_\_\_\_ Date of birth \_\_\_\_\_  
Parent Name \_\_\_\_\_ Parent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
E-mail address: \_\_\_\_\_

### Medical Information

Insurance Provider \_\_\_\_\_ Provider Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Circle hospital of preference St. Mary's St. Luke's Other \_\_\_\_\_

Please list any medical conditions or allergies your child may have that we should know:

1. \_\_\_\_\_
2. \_\_\_\_\_

### Additional Information

How did you hear about The Gymnastics Academy? \_\_\_\_\_ From a TGA parent? \_\_\_\_\_

Do you know anyone who would like a TGA brochure? Please fill in address below:

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Statements of Gymnastics Activity

Because any activity involving motion or height creates the possibility of serious injury including permanent paralysis or even death from landing or falling on the head or neck.

In the interest of safety, therefore, LEX ENTERPRISES INC., DBA THE GYMNASTICS ACADEMY and its instructors require the following (please initial):

- \_\_\_\_\_ 1. I have read and explained all of the safety rules of gymnastics given to me at the time of registration. I will repeat with my child every 2 months.
- \_\_\_\_\_ 2. My child agrees to obey and follow safety rules.
- \_\_\_\_\_ 3. My child agrees to obey all instructors.
- \_\_\_\_\_ 4. I have received the TGA Information Booklet and understand all of The Gymnastics Academy's rules and policies. I agree to keep current on new calendars and policy changes.
- \_\_\_\_\_ 5. I agree to be responsible for my child's behavior and his or her safety while on our premises; including parking lots, bathrooms, walking areas, etc.
- \_\_\_\_\_ 6. I understand that tuition is due the fourth week of each session for the next session.
- \_\_\_\_\_ 7. I acknowledge that a **late fee of \$5.00** will be charged if tuition is not paid in full by the end of the first week of each session.
- \_\_\_\_\_ 8. I agree to pay tuition for each session unless I notify the office that my child is dropping from the program.
- \_\_\_\_\_ 9. The Gymnastics Academy does not carry insurance on any of its participants and I understand that obtaining insurance is my responsibility.

\_\_\_\_\_  
Printed name of Parent/or Legal Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/or Legal Guardian

\_\_\_\_\_  
Printed name of participant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

**Office Use Only**

Class \_\_\_\_\_ Registration Fee \_\_\_\_\_ Tuition \_\_\_\_\_  
Check# \_\_\_\_\_ Date Posted \_\_\_\_\_ Computer \_\_\_\_\_ Attendance \_\_\_\_\_ Office Book \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

In consideration of participating in LEX ENTERPRISES INC., DBA THE GYMNASTICS ACADEMY 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 risks 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 LEX ENTERPRISES INC., DBA THE GYMNASTICS ACADEMY, 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 any may incur as the result of such claim.

I fully understand that Releasees are not physicians or medical practitioners of any kind. I hereby give permission to Releasees to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by Releasees to call a doctor and to seek medical help, including transportation by a Releasee to any health care facility or hospital, or the calling of an ambulance for said child should Releasee deem transportation to be necessary.

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.

\_\_\_\_\_  
Printed name of participant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

**PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_  
Printed name of Parent/or Legal Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/or Legal Guardian