

# REGISTRATION | CROWN GYMNASTICS

To enroll in class, submit completed form with payment  
 Located at 6723 Rd 189, West Liberty, OH 43357 | Use payment drop box attached to building

## Student Info

## Parents' Info

Name:	
Date Of Birth:	Age:
School:	
Past Gymnastics Experience:	
Medical Info (i.e. broken bones, ADHD, anxiety...):	
Class Level:	
Scheduled Class Time:	
Goals for Student? If Any:	

Names:	
Mailing Address: City: Zip:	
Cell Phone:	
E-mail:	
What influenced you to come to CGS?:	

### **ACKNOWLEDGEMENT/ASSUMPTION OF RISK AND RELEASE FROM LIABILITY PARTICIPATION IN GYMNASTICS TRAINING AT CROWN GYMNASTICS STUDIO**

Please read carefully before you sign. As a parent or a student, you should understand the nature of the activities and risks associated with progressive training in the sport of gymnastics.

- 1.) Gymnastics involves strenuous physical activities such as jumping, twisting, flipping, and landing.
- 2.) By their nature, these activities expose the student to significant risk of fractures, sprains, sore muscles, ligament and cartilage tears, as well as serious neck and back injuries which, in rare cases, may cause death or permanent disability.
- 3.) In order to minimize the risk of injury, students must follow the rules and regulations of the Studio and instructions of the Teacher at all times.
- 4.) To further enhance their safety, students should always obtain adequate sleep and nutrition before each training session and they should not participate when they are ill, injured, or fatigued. We ask students to wear proper attire for safety while spotting and using equipment.

**In consideration for permission to participate in training at Crown Gymnastics Studio, I, parent/guardian of the student, \_\_\_\_\_ hereby release the proprietor of the Studio and her agents and employees from all liability for any injury to the student, including injury resulting in death to the student. Additionally, as parent/guardian of the student, I acknowledge, assume, and understand the risks associated with progressive gymnastics and also sign on behalf of the student.**

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_