

To enroll in classes, please fill out and return with full payment:

Quarter _____ Year _____

Student's Name: _____

Parents' Name: _____

Date of Birth: _____

Address: _____

Age: _____ Date: _____

City: _____ Zip _____

Past Gymnastics Experience: _____

Phone: _____

E-mail: _____

Medical Information we should know: _____

What influenced you to come to Crown Gymnastics Studio?: _____

Class Level: _____

Goals for your student? If Any: _____

Scheduled Class Time: _____

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, 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.

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.

Parent's Signature: _____

Date: _____

