

All Around Academy of Gymnastics Class Registration

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Medical Information

Please list any medications your child is taking: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Please list any important medical information that you feel we should know while your child is in our care: \_\_\_\_\_

\_\_\_\_\_

Liability Waiver

We, the staff of All Around Academy of Gymnastics (known as AAAG from here forward) recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, including trampoline, tumbling and other apparatuses associated with gymnastics. Students may suffer injuries, possible minor, serious or catastrophic in nature. Gymnastics can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coach's instructions. AAAG, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of Gymnastics instruction to include tumbling, trampoline and the use of the bars, beam and vaulting horse. The gym will not be responsible for any injury sustained during workout classes, competition, exhibition or clinic in which he or she may participate in; including while traveling to and from the events.

With the above in mind and being fully aware of the risk and responsibility of injury involved, I consent to have my child or children participate in the programs offered by AAAG. I, my executors or other representatives waive and release all rights and claims for damages that I or my child may have against AAAG and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury associated with the sport. AAAG will educate the child through safety instruction and our teaching style and progression.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Media Release: \_\_\_\_\_ I allow my child/children's pictures to be posted on the AAAG facebook page and AAAG website.

\_\_\_\_\_ I DO NOT allow my child/children's pictures to be posted on the AAAG facebook page and AAAG website.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_