



Registration Information

**All information and signature required*

Child's Name: Last

Child's Name: _____ (M/F) School: _____ Birthdate: _____

Child's Name: _____ (M/F) School: _____ Birthdate: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Parent 1: _____ Work: _____ Cell: _____

Parent 2: _____ Work: _____ Cell: _____

How did you hear about us? Internet Friend Birthday Party PNO/TNO Other, how? _____

Please initial below

Payment Procedures: Tuition is due at registration. Rates are on the Session Schedule. Automatic payment available at 5% discount a month. Ask the front desk for more information. _____

Medical Coverage: Your child must be covered by medical insurance to participate at Peak Gymnastics

Insurance: _____ Group Number: _____

Medical Conditions: If your child has a serious medical condition that might require immediate intervention, a competent adult who is capable of administering first aid must remain on the premises while your child is at the gym. _____

Medical Information: Does your child have any medical or learning problems that will interfere with gymnastics? Yes _____ No _____

If yes, please explain: _____

Photography Release: I give my permission for my photo or the photo of my child to be taken during class and used for publicity purposed for Peak Gymnastics. The photos will never be given to or sold to any other media for any other use. _____

First

Waiver, Release and consent to Treat and Transport

In consideration of participating in gymnastics, cheer, trampoline, demonstrations, special events, open gym, camps or birthday parties, I represent that I understand the nature of this activity and that I am (and my child) 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 the event takes place, or the negligence of the release; named below; and that there may be other risks either not known by me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of participation in this activity.

I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE PEAK GYMNASTICS LLC, ITS RESPECTIVE ADMINISTRATORS, DIRECTOR, AGENTS, OFFICERS, VOLUNTEERS, OTHER PARTICIPANTS, ANY SPONSOR, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LEASERS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE (EACH CONSIDERED ONE OF THE RELEASES 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 "releases" 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 Releases, I will indemnify, save and hold harmless each of the Releases from any loss, liability, damage or cost which any may incur as the result of such claim.

CONSENT TO TREAT AND TRANSPORT: I HEREBY GIVE CONSENT to Peak Gymnastics LLC to provide through a medical staff of their choice, customary medical/athletic training attentions, transportation and emergency medical services as warranted in the course of my participation in Peak Gymnastics LLC and its activities. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to Peak Gymnastics LLC, and its agents to give specific consent to any and all such transportation, diagnosis, treatment or hospital care which physician or surgeon licensed under the Medical Practice Act may deem advisable.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement of assurance of any nature and intent it to be a complete and unconditional release of all liability to the greatest extent 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.

Signature _____ Date: _____

Printed Name: _____ Relation to Child: _____

Phone