



922-3433

**SPECIAL EVENT REGISTRATION FORM**  
**(Only non-members need to complete)**

STUDENT INFORMATION

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

ARE THERE ANY MEDICAL CONDITIONS TO WHICH WE SHOULD BE ALERTED?

\_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

As legal guardian of \_\_\_\_\_, I hereby consent to the above person's participation in The Gymnastics Center's programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and related activities.

I understand that it is the express intent of The Gymnastics Center to provide for the safety and protection of my child, and, in consideration for allowing my child to use these facilities, I hereby forever release The Gymnastics Center, its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of The Gymnastics Center or its employees.

As a legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, The Gymnastics Center.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_