

INFINITE GYMNASTICS ACADEMY REGISTRATION FORM

Name _____ Age _____ Birth Date ___ / ___ / ___

Address _____

City _____ St _____ Zip _____

Home Phone _____ Cell : _____

Mother's Name _____

Father's Name _____

Email Address _____

Emergency Phone:

Name _____

Relationship _____ Phone _____

Are there any medical concerns that we should be made aware of because they might restrict your child's ability to participate fully?

WAIVER AND WARNING

Participation in gymnastics involves motion, height, and rotation in a unique environment and as such involves risk of injury, paralysis, and even death.

I/we _____

The parent(s)/guardian(s) of _____ hereby agree to individually protect the future medical expenses incurred as a result of injury sustained while participating in any gymnastics practice, open gym, exhibition, or program offered at the Infinite Gymnastics facility. In addition, we agree that Infinite Gymnastics, their owners, operators, agents, and coaches shall not be held liable for any injury sustained by our child while under their care and control. We acknowledge the risks involved in allowing our child to participate in gymnastics at Infinite Gymnastics. We understand and accept those risks. This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Signature _____ Date _____

Where did you hear about us? _____

