



# 2011-2012 Registration Form

Today's Date

New

Returning

<b>FAMILY INFORMATION</b>	Student #1	Gender	Date of Birth	Age	Grade	
	Student #2	Gender	Date of Birth	Age	Grade	
	Student #3	Gender	Date of Birth	Age	Grade	
	Street Address			City	Zip	
	Parent #1	Home Phone #1	Work Phone & Ext #1	Cell Phone #1		
	Parent#2	Home Phone #2	Work Phone & Ext #2	Cell Phone #2		
	Allergies, Medical Alert, Special Concerns...					
	Health Insurance		Physician		Hospital	

<b>EMERGENCY CONTACT</b>	Name		Relationship
	Home Phone	Work Phone & Ext	Other
	Important Information or Instructions in case of an emergency		
	Name		Relationship
	Home Phone	Work Phone & Ext	Other
Important Information or Instructions in case of an emergency			

<b>PHOTO RELEASE</b>	<input type="checkbox"/> I DO give Gymsport Gymnastics and their agents permission to photograph the above listed child/children during activities in our facility or events associated with Gymsport Gymnastics to be used in display or publications.
	<input type="checkbox"/> I DO NOT give Gymsport Gymnastics and their agents permission to photograph the above listed child/children.

<b>AD INFO</b>	How did you hear about Gymsport:
	<input type="checkbox"/> Phonebook <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Families First Advertisement <input type="checkbox"/> Other: _____

<b>POLICIES</b>	I have read, understand and agree to all of the policies of Gymsport Gymnastics.
	Signature: _____ Date: _____

## GymSport Gymnastics

6909 Rickyval Street ★ Weston, Wisconsin 54476 ★ Phone (715) 355-GYMS (4967)  
 www.gym-sport.com ★ email: info@gym-sport.com

**GymSport Gymnastics & Fitness Center**

**Club Waiver and Release Form**

I fully understand that GymSport Gymnastics & Fitness Center staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the GymSport Gymnastics and Fitness Center staff to render first aid to my child or children in the event of an injury or illness, and if deemed necessary by the GymSport Gymnastics & Fitness Center staff to call our doctor and to seek medical help, including transportation by a GymSport Gymnastics & Fitness Center Staff or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for the said child should the GymSport Gymnastics & Fitness Center staff deem this to be necessary.

Parent / Guardian Name (Please Print)	
Parent / Guardian Signature	Date

We, the staff of GymSport Gymnastics & Fitness Center recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, karate and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, trampoline, tumbling, cheerleading, karate and dance 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 coaches' instructions. GymSport Gymnastics & Fitness Center, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading, karate or dance instruction, or open workouts or in the case of an exhibition, competition, or clinic in which he or she may participate while traveling to or from the event. With the above in mind, and being fully aware of the risk and possibility of injury involved, I consent to have my child or children participate in the programs offered by GymSport Gymnastics & Fitness Center. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against GymSport Gymnastics & Fitness Center 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 parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. GymSport Gymnastics & Fitness Center will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent / Guardian Name (Please Print)	Email
Parent / Guardian Signature	Date

**Benefits of our programs...**

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| <ul style="list-style-type: none"><li>• <b>Strength</b></li><li>• <b>Flexibility</b></li><li>• <b>Coordination</b></li><li>• <b>Balance</b></li><li>• <b>Self-Esteem</b></li></ul> | <ul style="list-style-type: none"><li>• <b>Confidence</b></li><li>• <b>Discipline</b></li><li>• <b>Organization</b></li><li>• <b>Goal Setting</b></li><li>• <b>Determination</b></li></ul> |
|--|--|
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*And most important...*

**GYMNASICS IS FUN!**