

GYMCATS

1st Child's First Name: _____ Last Name: _____ Sex: ____ Birthdate: _____

2nd Child's First Name: _____ Last Name: _____ Sex: ____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

E-mail: _____ (Email address is used strictly for informing you of special events, payment due dates, gym closures and miscellaneous information- no email address will ever be sold)

Father: _____ Occupation _____ Work: _____ Cell: _____

Mother: _____ Occupation _____ Work: _____ Cell: _____

WHERE DID YOU HEAR ABOUT GYMCATS? _____

The following must be read and signed by the parent or legal guardian of all minor students or by the student if of legal age.

Waiver, Acknowledgement of Risk, & Medical Authorization:

As legal guardian of the above child(ren), I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, circus, dance, martial arts and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned child(ren) participating in any and all of Gymcats' programs and activities and accept all risks associated with that participation. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction. I am also aware that the gym area is for participants only and that if I enter the gym, I am doing so at my own risk.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child, hereby assume all risks associated with the activities mentioned above and agree to hold Gymcats, it's staff or representatives harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with participation in gymnastics, tumbling, dance, cheerleading, martial arts, open gym, circus, or in the course of any exhibition, competition or clinic in which he/she may participate or while traveling to or from the event. In the event of an emergency, I hereby release Gymcats' staff or representatives to render temporary first aid to my child or children in the event of any injury or illness and if deemed necessary by Gymcats' staff or representatives to seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance for the said child(ren) should Gymcats' staff or representatives deem this to be necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Gymcats. 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 have read and understand this acknowledgement of risk, waiver of liability and medical authorization and I voluntarily affix my name in agreement.

SIGNATURE: _____ DATE: _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE

FINANCIAL OBLIGATION:

I assume responsibility for meeting the appropriate payment schedule. Payments are due before the 1st class of each term for term payments and by the first of the month for team members who pay monthly. **Any child registered for a term or a month is obligated for that entire fee, MID TERM WITHDRAWALS WILL NOT BE RECOGNIZED.** Make ups will be allowed if they can be arranged by attendance in a similar class which is not filled to capacity. For renewal for the next term, currently enrolled students will have their spots held automatically up until the priority due date (PDD). After the PDD open enrollment is taken for all classes. You must call when missing a class in order to schedule a make-up. Make ups may only be scheduled if you are currently enrolled at Gymcats.

I, as parent or guardian, have read the above and by signing this form I am agreeing to the payment schedule outlined above.

SIGNATURE: _____ DATE: _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE

VIDEO/PICTURE RELEASE

I understand that my child's picture or video may be used within promotion of Gymcats through it's website. I understand that if requested, the video or picture will be removed immediately. I will not hold Gymcats liable for any issues that arise due to this picture/video being used.

SIGNATURE: _____ DATE: _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE

CHRONIC MEDICAL CONDITION(S) OF CHILD, STATEMENT

So that we may be aware of any and all possible medical and/or behavioral complications that your child may experience, we require you to list them below, followed by your signature. Please include allergies or any information we should know about.

DATE: _____

Parent/Legal Guardian Signature

Gymcats Fax # (702) 566-1310