The Gymnastics Revolution

"Setting Children on a course for tomorrow"

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Camp Registration Form 2011/2012

1st Child's Full Name _____ Sex _____ Age _____ DOB _____ School Name & grade _____

2nd Child's Full Name _____ Sex _____ Age _____ DOB _____ School Name & grade _____

Mother's Name _____ Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____ ** E-Mail _____ Occupation _____

Father's Name _____ Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____ ** E-Mail _____ Occupation _____

Emergency Contact:_____Phone_____

Relationship to student_____

Physicians name_____Phone_____

Student(s) Medical Insurance Provider:_____

Medical conditions/allergies:_____

Member Enrollment Information

Read before signing! Acknowledgement of Policies, Risk and Waiver of Liability

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, cheerleading, dance, ball sports, and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all The Gymnastics Revolution programs and accept all risks associated with that participation. In consideration for allowing my child to use these facilities, I on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue The Gymnastics Revolution, its officers, directors, share holders, employees, volunteers, and all others associated with the LLC from all liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision or control of The Gymnastics Revolution. I hereby agree to individually provide for all present and possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for The Gymnastics Revolution. I understand that The Gymnastics Revolution retains the rights to use any photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising, or any legitimate purposes. *The Gymnastics Revolution* reserves the right to cancel classes that do not have sufficient enrollment and transfer students. Additionally, I understand and agree to abide by the make-up policy.

I have read and understand this acknowledgment of policies, risk and waiver of liability and I voluntarily affix my name in agreement.

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Parent Signature/ Date