

REGISTRATION FORM (under 18 years of age)

Student Name _____ Sex _____ Age _____ DOB _____ Home Phone Number _____

Address _____ City _____ State _____ Zip _____
CONTACT INFORMATION

Mom's Name _____ Cell Phone # _____ E-Mail _____

Dad's Name _____ Cell Phone # _____ E-Mail _____

Emergency contact Name: _____ Emergency phone number _____

Medical conditions or special needs to which we should be alerted: _____

REFERRED BY: _____

How did you learn about Freedom Gymnastics? _____

<u>Class Information</u>			
Age	Level	Day	Time

ACKNOWLEDGEMENT OF RISK * WAIVER OF LIABILITY * PHOTO RELEASE * MEDICAL AUTHORIZATION

As Legal Guardian of _____ I hereby consent to the aforementioned person participating in the Freedom programs. I understand that the faculty will at times, employ "hands on" corrections, I recognize, understand and acknowledge that my son/daughter will be expected to abide by the established rules, guidelines and safety procedures and to obey the staff, assistants and all staff members assigned to direct the program. I recognize that failure to comply with the above mentioned items may result in immediate suspension and/or dismissal from the program. I recognize that potentially severe injuries, including permanent paralysis or death can occur in those activities involving height or motion, including but not limited to gymnastics, cheerleading, dance, obstacle training, tumbling and trampoline.

I understand that it is the express intent of Freedom Gymnastics to provide for the safety and protection of my child and in consideration for allowing my child to participate in gymnastics classes, obstacle training classes, birthday parties, field trips hereby forever release Freedom Gymnastics, their officers, owners, employees, teachers and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, control of Freedom Gymnastics. Specifically, the undersigned hereby releases, discharges and holds harmless Freedom Gymnastics their employees, owners, teachers and coaches from any and all claims, liability and/or causes of action for death, wrongful death, personal injury, (whether physical, emotional and/or psychiatric or any combination thereof), loss of services, property damage, and/or breach of contract, made by or on behalf of the undersigned, the undersigned's spouse, the undersigned's children the undersigned's heirs, or any other person on behalf of the undersigned or his/her child, occasioned by, arising out of or incidental to the participation of the child in the Freedom Gymnastics, whether or not resulting from or caused by negligence on the part of Freedom Gymnastics, their officers, owners, employees, teachers, coaches and other affiliates.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child's/children's participation I hereby grant my permission for my child's likeness to be used in Freedom Gymnastics publicity, training purposes or advertising.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses, that may be incurred by my child as a result of any injury sustained while participating in classes and/or events with Freedom Gymnastics. This acknowledgement 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 _____

PERMISSION TO TREAT (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Parent or Legal Guardian's Signature _____ Date _____

Students may not participate in class until we receive this form completed and signed.

- **Submit to:** Freedom Gymnastics * 116 Pilgrim Way (off 115 across from Brodheadsville Library), Brodheadsville PA 18235
PH (570) 992-3733 * www.freedomgymnastics.com

Session _____ # of weeks _____ Cost \$ _____ Registration fee \$ _____

Total payment \$ _____ Payment type _____ Date of payment _____