

# Birthday Party Waiver World Elite Gymnastics



For Office Use Only	
ZipGym?	[ ]
Newsletter?	[ ]

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Trial Class	_____
Trial Date	_____

Child's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Birthday: (month/day/ year) \_\_\_\_\_ Male/Female Home Ph \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Parents name: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Contact Number: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Emergency Contact after Parent: \_\_\_\_\_ Ph \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

OTHER MEDICAL CONDITIONS we should be aware of \_\_\_\_\_

Has the participant ever taken gymnastics classes before? \_\_\_\_\_ How long/ what level? \_\_\_\_\_

School/District \_\_\_\_\_ / \_\_\_\_\_

How you heard about us: \_\_\_\_\_

**Your decision:** Sign me up! \_\_\_\_\_ No thanks \_\_\_\_\_ **\$5 off registration if you sign up within a week!**

## World Elite Gymnastics (Waiver and Release Form)

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

We, the staff of World Elite Gymnastics recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics/parkour can be dangerous and lead to injury.

Athletes should be aware of the possibility of injury and are encouraged to follow all the safety rules and the coaches' instruction. World Elite Gymnastics, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics instruction, or open workouts or in the case of any 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 risks and possibility of an injury involved, I consent to participation in the programs offered by World Elite Gymnastics. I, my executors, or other representatives, waive and release all rights and claims for damages that my child or I may have against World Elite Gymnastics 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 parent's responsibility to warn the minors about the dangers of gymnastics/parkour and injury. The parent should warn the child according to what the parents feel is appropriate. Adult participants hereby recognize that they are responsible for their own understanding of the risk and dangers involved in gymnastics/parkour. World Elite Gymnastics will only warn participants through "Safety Messages" and our teaching style and progression.

Parent/Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand I am required to give 1week notice before dropping a class, or I will be charged for the following month. World Elite Gymnastics reserves the right to drop a student at any time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last:

First: