

World Elite Gymnastics



For Office Use Only

Trial Class _____

Trial Date _____

Child's Name: (First) _____ (Last) _____

DOB: (mm/dd/yy) _____ Gender: Male / Female Home Phone Number _____

Mailing Address: _____ City _____ Zip _____

MOTHER'S NAME: _____ Cell Phone Number: _____

Mother's E-mail: _____

FATHER'S NAME: _____ Cell Phone Number: _____

Father's E-mail: _____

Has the child ever taken gymnastics classes before? _____ How long/ what level? _____

School/District _____ / _____

EMERGENCY & MEDICAL INFORMATION

Emergency Contact: _____ Ph _____ Relationship: _____

ANY MEDICAL CONDITIONS we should be aware of _____

Known Allergies: _____ Medications: _____

How you heard about us: _____

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

DISCLAIMER: WORLD ELITE GYMNASTICS IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, TUMBLING, TRAMPOLINE, TEAMS AND OTHER PROGRAMS OFFERED AT WORLD ELITE GYMNASTICS FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF WORLD ELITE GYMNASTICS, ITS OWNERS, OFFICERS, AGENT OR EMPLOYEES.

Waiver and Release of Liability

As parent or legal guardian of the student named above, I understand and acknowledge the risks associated with the sport of gymnastics, tumbling, trampoline and other related activities, including paralysis and other catastrophic injury, as well as medical expenses and damages that may result or be associated with the sport of gymnastics and related activities as referenced above. I hereby release and covenant not to sue Guo's Gym Center Inc. dba World Elite Gymnastics, its board of directors, officers, employees, instructors, agents, representatives, independent contractors, landlords, and its successors as assigned.

The undersigned further agrees to indemnify, save and hold World Elite Gymnastics harmless, including all other parties identified above from any liability, litigation cost and attorney fees arising out of negligent or intentional conduct of students, parents, family members or parties invited upon the premises by the student or any family members which results in loss, injury or damage to any other party.

Minor's Release Authorization

Without compensation to me or the student, I hereby grant to Guo's Gym Center Inc. dba World Elite Gymnastics the absolute right and permission to copyright, publish, and use photographic portraits, pictures, or videos of the minor for use through reasonable promotion of gymnastics and sports conducted by World Elite Gymnastics. I hereby waive any right that I or the minor may have to inspect or approve the finished media material as long as the matter is within reason and is not deemed to be socially inappropriate for use of the minor or student.

Medical Release

I Hereby authorize and give my consent to Guo's Gym Center Inc. dba World Elite Gymnastics including any of its instructors or other authorized employees to provide first aid and to give authority to any emergency unit, hospital or doctor to render immediate aid as might be required for the treatment of the above named student in the event of any emergency either on the premises of World Elite Gymnastics or during the course of any sports event involving the student as a World Elite Gymnastics participant.

I confirm that the above named student is in good health and have no known physical impairments that would cause harm to the named student by participation in any World Elite Gymnastics program. I also agree to individually provide for the possible future medical expenses which may be incurred by the above named student while training at, or performing for World Elite Gymnastics. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage for the above named student.

Verification and Release

As legal parent, guardian or responsible party of this student, I hereby verify by my signature below that I accept the conditions of the waiver, release and indemnification; and furthermore I permit my child to participate in the events provided by World Elite Gymnastics.

I HAVE READ AND FULLY UNDERSTAND ALL INFORMATION ABOVE.

Parent/Guardian Signature: _____ Date: _____