

For Office Use Only

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World Elite Gymnastics



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

School/District _____ / _____

How you heard about us: _____

Your decision: Sign me up! _____ No thanks _____ Waiting for... _____

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 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 it's 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 can be dangerous and lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children 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 have my child or children participate 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 it's 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 child about the dangers of gymnastics and injury. The parent should warn the child according to what the parents feel is appropriate. World Elite Gymnastics will only warn the child through "Safety Messages" and our teaching style and progression.

Parent/Guardian 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: _____