

FANTASTIC GYMNASTICS RECREATIONAL REGISTRATION FORM

Last Name (Student #1)	First Name	Sex	Age	DOB	Child's School
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Last Name (Student #2)	First Name	Sex	Age	DOB	Child's School
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Street Address

Mom's Name	Cell Phone	Email Address		
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Mom's [unclear]	[unclear]	[unclear]		
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Dad's Name	Cell Phone	Email Address		
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Dad's [unclear]	[unclear]	[unclear]		
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Emergency Contact	Phone Number	Alternate Phone	Referred By:
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Acknowledgement of Risk & Waiver of Liability

As legal guardian of _____, I hereby consent to the aforementioned person participating in Fantastic Gymnastics classes and activities. I recognize that potentially severe injuries, including paralysis or death can occur in any activity involving height or motion, including gymnastics and related activities such as tumbling and trampoline.

I understand that it is the express intent of Fantastic Gymnastics to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release Fantastic Gymnastics, its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Fantastic Gymnastics.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Fantastic 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 Signature	Date
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Permission for Medical Treatment

I authorize Fantastic Gymnastics to take the necessary steps regarding medical attention (i.e. administering first aid, calling emergency medical service, transporting to the hospital) and will allow authorized hospital staff to treat my child for any illness or injury he/she has sustained.

Past Injuries or other special information we should know about: _____

Signature of Legal Guardian	Date
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Physician's Name & Address	Telephone Number
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Rules & Policies

I have received and read the Fantastic Gymnastics enrollment policies and fully understand its general policies, refund policies and withdrawal policies for the recreational program.

Is your child interested in competitive gymnastics? YES or NO