

**REGISTRATION** Please read agreement on reverse side before you register

FATHER'S NAME: \_\_\_\_\_ FATHER'S CELL: ( ) \_\_\_\_\_

MOTHERS'S NAME: \_\_\_\_\_ MOTHER'S CELL: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ E-mail (required): \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

CLASS/ DAY/ TIME \_\_\_\_\_ START DATE \_\_\_\_\_

2<sup>nd</sup> STUDENT IN FAMILY: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

CLASS DAY/TIME \_\_\_\_\_ START DATE \_\_\_\_\_

3<sup>rd</sup> STUDENT IN FAMILY: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

CLASS DAY/TIME \_\_\_\_\_ START DATE \_\_\_\_\_

**In case of an emergency the person *other* than the parents to be notified is:**

Name/Relationship \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Medical Authorization and Agreement to Policies**

I fully understand the staff of Patti's All-American Gymnastics, Inc. are not physicians or medical practitioners of any kind. With that in mind, I hereby release Patti's All-American Gymnastics, Inc. to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Patti's All-American Gymnastics, Inc. **INITIALS X** \_\_\_\_\_

Does your child have any medical conditions (mental or physical) or medications we should be aware of, including but not limited to **(circle all that apply)**; seizures, Downs Syndrome, dizzy spells, previous neck or spine injuries or conditions, high blood pressure, diabetes, autism, epilepsy, heart condition etc. **\*\*\*ALL ABOVE CONDITIONS REQUIRE A DOCTORS RELEASE claiming your child is fit enough to take "GYMNASTICS", "DANCE", "CHEER", and/or "KARATE". \*\*\*Please list any other such as asthma, broken bones, or write "none".** \_\_\_\_\_

\_\_\_\_\_ **If my child requires an inhaler to be brought to class, I understand I am required to stay with him/her or get a doctor's release. INITIALS X** \_\_\_\_\_

I agree to pay tuition before the 25<sup>th</sup> of each month for the following month and understand if it is not paid, Patti's All-American will initiate electronic payments for the balance of my account onto my credit-debit card that is required by Patti's All-American to have on file. I further understand that if tuition is not paid before the first of the month, my child will be tagged inactive, will be un-enrolled, and children on the waiting list will be called. I understand that Patti's All-American does not bill me for tuition, and it is my responsibility to pay my account balance. I understand that my child is continuously enrolled in class and will incur monthly tuition charges on my account until I inform the business office by written request. An annual registration fee of \$39.00 is added to my tuition on the anniversary month of our family joining this gym. I further understand that if my credit card is declined there will be a \$10.00 decline fee charged. All refunds will be subject to a \$25.00 fee, and returned checks carry a fee of \$35.00.

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

**OFFICE USE ONLY**

Amount paid \_\_\_\_\_

CA CH VS MC  
DISC DEBIT

Initial J.Rabbit \_\_\_\_\_

Returner \_\_\_\_\_

Joiner \_\_\_\_\_

Trial Date \_\_\_\_\_

Trial enrolled Yes / No

Take Out Drop Date?  
Yes / No

**Reg. Due Date**

\_\_\_\_\_

For Office Use Only  
**JPC JCa**

## WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES

As a parent or legal guardian of (CHILD'S NAME) \_\_\_\_\_, hereafter, child(ren) I hereby consent to his/her participation in **gymnastics, tumbling and trampoline, swim, dance, karate, birthday parties, special events and activities including inflatables, camps, and any and all other programs** offered by Patti's All-American Gymnastics, Inc. I understand that participation in gymnastics, trampoline, karate, dance, and any and all other activities at Patti's All-American Gymnastics, Inc. may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis, permanent disabilities, or even death from various causes, known and unknown, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks **involved in gymnastics, trampoline, swim, dance, karate, birthday parties, special events & activities including inflatables, camps, and any and all other activities** offered by Patti's All-American Gymnastics, Inc. and the possibility of injury from participating in the aforementioned activities.

In consideration for allowing my child to participate in activities offered by Patti's All-American Gymnastics, Inc., I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Patti Komara, Patti's All-American Gymnastics, Inc. or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Patti Komara, Patti's All-American Gymnastics, Inc. or any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Patti's All-American Gymnastics, Inc. It is also my intent to release Patti Komara, Patti's All-American Gymnastics, Inc. and any agent, employee, representative, or other acting on their behalf from liability for ordinary or gross negligent conduct that may occur in the future and agree not to sue.

Should any part or parts of this agreement be held null and void, the gross balance of the gross agreement shall remain valid and maintain its full force and effect. This acknowledgment of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

By signing this I understand that even though I am not taking gymnastics, karate, and/or dance lessons and will not be on the equipment I may injure myself being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at Patti's All American Gymnastics, Inc. This could include, but not limited to stepping off uneven mats and twisting an ankle, broken bones, torn ligaments, spine injuries, or even death. This includes outside the building in the parking lot and all surrounding areas. By your attendance in class, you are granting your permission for you and your child to be filmed, videotaped, audio-taped, or photographed by any means and are granting full use of your likeness, voice, and words without compensation.

**Has the parent/participant accompanying the child out into the gym or dance room had any recent surgeries or injuries?** \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_  
PARENT'S SIGNATURE

**NOTE: If someone other than you accompanies your child to class they need to sign under additional participant's signature.**

X \_\_\_\_\_ Date \_\_\_\_\_  
ADDITIONAL PARTICIPANT

<p><b>Did anyone refer you to our gym? They receive \$20.00 towards their tuition and a spin on the "Wheel of Fortune". Name:</b> _____</p> <p>How did you hear about Patti's? Sign by Street _____ Yellow Pages _____ Newspaper - Which Ad? _____ Word of Mouth _____</p> <p>Entertainment Coupon _____ Birthday Party _____ Other (Please specify) _____</p>
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