

Iron Cross Gymnastics Registration Form

Please print this form, fill it out and send to Iron Cross Gymnastics to pre-register.

| | | | | |
|------------------------------|-----------------------------|---------------------|----------------------------|---------------------------------|
| <u>Students Name</u> | <u>Date of Birth</u> | <u>Age</u> | <u>Home Phone #</u> | <u>Emergency Contact</u> |
| | | | | |
| <u>Street Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | <u>Cell Phone #</u> |
| | | | | |

Mom's Name / Place of Business / Phone #

Dad's Name / Place of Business / Phone #

Email Address

Has student ever been enrolled at Iron Cross before? Yes No Approx. date: _____

Does student have a sibling currently enrolled at Iron Cross Yes No Sibling Name: _____

Are there any medical conditions to which we should be alerted? Yes No
If Yes, Please explain:

Does your child require medication which may need to be administered during gym hours? Yes No
(If Yes, please attach a signed note indicating medicine and dosage to this waiver)

| <u>Sessions 1</u> | <u>Sessions 2</u> | <u>Sessions 3</u> | <u>Sessions 4</u> | <u>Summer</u> |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Day: | Day: | Day: | Day: | Day: |
| Time: | Time: | Time: | Time: | Time: |
| Paid Amt: | Paid Amt: | Paid Amt: | Paid Amt: | Paid Amt: |
| Check No.: | Check No.: | Check No.: | Check No.: | Check No.: |

Acknowledgement of Risk and Waiver of Liability As legal guardian of _____, I hereby consent to the aforementioned person participating in the Iron Cross Gymnastics programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including karate, dance, gymnastics and related activities including tumbling and trampoline.

I understand that it is the express intent of Iron Cross 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 the Iron Cross 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 Iron Cross 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, Iron Cross Gymnastics. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____

DATE _____

Please see reverse side

Permission To Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

PARENT/LEGAL GUARDIAN'S

SIGNATURE _____

DATE _____