

GLEASON'S SCHOOL OF GYMNASTICS REGISTRATION FORM

CHILD'S NAME _____ SEX _____ AGE _____ BIRTHDATE _____

PARENTS' NAMES _____
LAST FIRST MIDDLE

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # _____ CELL # _____ MOM'S WORK # _____

EMERGENCY CONTACT _____ PHONE # _____

E-MAIL ADDRESS _____

Are there any physical or emotional limitations the instructors should consider when working with your child? _____

ACKNOWLEDGMENT OF RISK & RELEASE

As with any activity involving motion, rotation, and height, gymnastics & related activities (e.g. cheerleading & tumbling) have, the potential for injury to the participant. Gleason's School of Gymnastics, Inc. has taken numerous steps toward reducing this however, accidents may still occur. No matter how careful the gymnast and the coach are, no matter how many spotters are used, and no matter what height or landing surface is involved, the risk cannot be eliminated completely. The potential for injury may range from the relatively minor (bruises or cuts) to more serious injuries (dislocations and broken bones) and ultimately includes catastrophic injuries, such as paralysis or death.

In consideration of the application by Gleason's School of Gymnastics, Inc., as well as the applicants opportunity to improve gymnastic skills through the use of Gleason's staff and facilities, those legally responsible for the above named student realize the risk of injury involved and hereby agree to assume responsibility for said student, and further agree to save and hold harmless Gleason's School of Gymnastics, Inc., its employees, and all others concerned, and to indemnify them against loss. By signing below we acknowledge and accept the foregoing and hereby affirm that we now have and will continue to provide adequate health insurance coverage for the above named-student. I understand that photos or video may be taken in the gym, at competitions or exhibitions and may be used for promotions or publicity.

SIGNATURE OF PARENT or LEGAL GUARDIAN

DATE

