

## 2007-2008 REGISTRATION FORM

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City Zip Code

E-Mail Address: \_\_\_\_\_ Referred by: \_\_\_\_\_

Class Desired: \_\_\_\_\_ Days & Times: \_\_\_\_\_  
(Please be specific)

Name of Class as stated on schedule: \_\_\_\_\_

### Agreement to Participate

1. I permit my son/daughter \_\_\_\_\_ to participate in the GMS Gymnastics Institute program.
2. I fully understand that GMS Institute's staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the GMS Institute's staff to render temporary first aid to my child in the event of any injury.
3. I have listed on the registration & information card all necessary medical information and/or disabilities of my child which I feel needs to be disclosed to GMS and its staff.
3. I recognize that some of the activities involving gymnastics could be dangerous and result in injuries.
4. I agree that my child must obey all rules, instructors, assistant instructors, staff members, and follow all safety procedures involved with this program established by GMS.
5. I certify that, to the best of my knowledge, my child's current physical condition is competent for participation, and that he or she is free of any health problems which could endanger participation, and that I will inform the instructor should my child's condition change at any time during his or her participation at GMS.
6. I agree for myself, for my child, and for any person claiming for or through me to assure full responsibility for and hold the GMS Gymnastics staff and the establishment harmless from any legal liabilities.
7. I give permission for GMS officials to call a doctor or the person listed below at the bottom of this form in the event of an emergency.
8. I agree to pay the \$45.00 annual registration fee for as stated in GMS Gymnastics' rules and policies.
9. I agree not to deduct missed classes from my tuition payments.
10. In the event that GMS has to take steps beyond invoicing to collect unpaid payments, I agree to be responsible for interest at the maximum lawful rate from the due date of payment, costs of collection, and reasonable attorney fees.
11. I understand all coaching, teaching, and instructing are by GMS Instructors only and not by any parent.
12. I understand while I am in the waiting area, I must not in any way distract my child or any staff members during class time. If this should happen, I understand and agree to wait outside the gym area.
13. I have read and understand all rules and policies of GMS Gymnastics and I do adhere by them.
14. Please list all allergies/medications that GMS Institute should be aware of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Registered: \_\_\_\_\_

Printed name of parent or legal guardian: \_\_\_\_\_

