

Strive Gymnastics
Registration & Waiver

Student Name: _____
Student Age: _____ Birthdate: _____ Gender: M F
Parent Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ Cell: _____
Email: _____

If your child were to appear in a photo taken in our gym, are we free to use it for advertising? Website, Brochure, etc... Yes No

Emergency Information

Notify/Relationship: _____
Address: _____
City/State/Zip: _____
Telephone: _____ Work _____ Cell: _____

Medical

Physician: _____ Phone: _____
Medical Ins Co: _____
Allergies: _____
Medical Conditions: _____
Other relevant Info? _____

Waiver

As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height and motion, including by not limited to gymnastics, tumbling, trampoline, dance, cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned child participating in any and all Strive Gymnastics LLC. Programs, camps and activities and I ACCEPT ALL risks associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and on the behalf of my child, hereby COVENANT NOT TO SUE and FOREVER RELEASE Strive Gymnastics, LLC, Its officers, directors, administrators, employees or agents from all liability for any and all damages suffered by my child while under the instruction, supervision, or control of Strive Gymnastics, LLC.

In the event of an accident or emergency I would like my above referenced child to be taken to a hospital via ambulance for medical treatment and I hold Strive Gymnastics, LLC, and its representatives harmless in their execution of this action. I have read and understand this ASSUMPTION OF RISK AND WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I voluntarily affix my name in agreement.

Parent or Legal Guardians Signature _____ Date _____