

Bucks Gymnastics Center II

SUMMER CLASSES REGISTRATION FORM

Child 1 _____ AGE ___ M ___ or F ___

Child 2 _____ AGE ___ M ___ or F ___

Child 3 _____ AGE ___ M ___ or F ___

Address _____ Town _____ State _____ Zip _____

Home Phone _____

List any allergies or medical conditions our staff should be aware of:

FAMILY HOSPITAL _____ DOCTOR _____

Mom's Cell _____ Dad's Cell _____ Emergency# _____

Please list the desired class day and times: DAY _____ TIME _____

CHECK ONE:

BOYS CLASS ___ GIRLS CLASS ___ ADV GIRLS ___ ADV BOYS ___ TOTS ___ CHEER ___ TUMBLING ___

TO REGISTER: PLEASE ENCLOSE ENTIRE PAGE WITH REGISTRATION FEE

WAIVER AND RELEASE

I AM FULLY AWARE OF, AND APPRECIATE THE RISKS, INCLUDING SERIOUS INJURY AS WELL AS OTHER DAMAGES AND LOSSES ASSOCIATED WITH PARTICIPATION IN GYMNASTICS AND OTHER PHYSICAL ACTIVITIES. I FURTHER AGREE THAT BUCKS GYMNASTICS CENTER ii, INC, ALONG WITH THE EMPLOYEES, AGENTS, OFFICERS, AND DIRECTORS SHAH NOT BE LIABLE FOR ANY LOSSES, OR DAMAGES AS A RESULT OF MY CHILDS, OR MY PARTICIPATION IN THESE EVENTS. I DO HEREBY VERIFY THAT I FULLY UNDERSTAND AND ACCEPT THE ABOVE CONDITIONS AND PERMIT MY CHILD(REN) TO PARTICIPATE IN ALL GYMNASTICS, CLASS, CAMP, PRESCHOOL AND TEAM ACTIVITIES INCLUDING TRAMPOLINE, TUMBLTRAK AND POOL USAGE.

Date _____ Parent's Signature x _____

FORM MUST BE COMPLETELY FILLED OUT ON BOTH SIDES
NO REFUNDS FOR ANY REASON

Release of Liability Waiver

Name of child participant (if under 18): _____

Name of adult participant/parent: _____

I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with the participation in the programs or activities. I, (we) knowingly and willingly assume all such risks of participating on trampoline, tumble trak, use of all gymnastics equipment and swimming pool. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, and other members of Bucks Gymnastics Center II Inc. (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Bucks Gymnastics Center II Inc.

Signature of Parent or Guardian x _____ Date _____

Minor Release

Name of Parent/Guardian (Please Print) _____

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health and in proper physical condition to participate in such activity. I hereby release discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I the minor, or anyone on the minor's behalf makes a claim against any of the releases named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or cost any may incur at the result of any such claim.

Signature of Parent or Guardian x _____ Date _____