

Child's Last Name: _____ Mother/ Guardian's Name _____ Father/Guardian's Name: _____

Child's First Name	M.I.	Date of Birth	Age	Circle Weeks Attending								# of days	Class Fee
				6/27	7/5	7/11	7/18	7/25	8/8	8/15	8/22	3 or 5	
				6/27	7/5	7/11	7/18	7/25	8/8	8/15	8/22	3 or 5	
				6/27	7/5	7/11	7/18	7/25	8/8	8/15	8/22	3 or 5	
				6/27	7/5	7/11	7/18	7/25	8/8	8/15	8/22	3 or 5	

Address: _____ City _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ New Member: Yes _____ No _____

Emergency Contact: _____

Relationship to Member: _____ Emergency Contact Phone #: _____

Allergies, Medical Conditions, and/or Fears: _____

I understand that I am obligated for the full amount of the class fees and any service charges or late fees that may be assessed. I understand that all fees and classes are non-refundable. I have signed the Waiver/Release form. My signature is viable for the Summer of 2011.

Signature: _____ Date: _____

Athlete/Parent Agreement/Waiver Release Form

In consideration of my participation in New England School of Gymnastics classes, events, and activities, I agree to be bound by each of the following:

- Eligibility:** I agree to comply with the rules of New England School of Gymnastics.
- Readiness to Participate:** I will only participate in those New England School of Gymnastics classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Furthermore, I certify that my child/ward has undergone complete physical examination within the last _____ months and that my child/ward is not suffering from any physical condition or disease that may increase the child's risk of injury or accident by participating in activities, classes or events at this school.
- Medical Attention:** I hereby give my consent to New England School of Gymnastics and/or staff of New England School of Gymnastics to secure any medical treatment my child(ren)/ward may need.
- Waiver and Release:** I am fully aware that gymnastics is a dangerous sport and appreciate the risks, including risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics classes, activities, events or competitions.

I further agree that New England School of Gymnastics, along with employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation or my child/ward's participation in the event.

Parents should make their child (ren)/ward aware of the possibility of injury and encourage their child(ren)/ward to follow safety rules and the coaches' instructions.

We, the staff at New England School of Gymnastics recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature due to motion, rotation, height or inversion. Gymnastics can be dangerous and can lead to injury.

With the above in mind, and being fully aware of the risks and possibility involved, I consent to have my child(ren)/ward participate in the programs offered at New England School of Gymnastics. I, my executors and/or other representatives, waive and release all rights and claims for damages that I or my child(ren)/ward may have against New England School of Gymnastics and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child(ren)/ ward's protection and my own protection.

My primary health/medical/accident insurance company is: _____

Parent/Guardian Signature: _____ Date: _____