

Red River Gymnastics, Inc. (REGISTRATION FORM)

PLEASE FILL OUT AND SIGN. A \$35.00 REGISTRATION FEE IS DUE UPON SIGNUP. No refunds for semester payments.

Child's Name _____ **Yr. Born** _____ / **SEX** F M

Child's Name _____ **Yr. Born** _____ / **SEX** F M
Last First M

Address: _____ **Hm. Ph.** _____
Street City Zip

EMAIL: _____ **Cell Phone #** _____

Mother's Name _____ **Work Phone #** _____

Father's Name _____ **Work Phone #** _____

Family Physician _____ **Phone #** _____

Emergency Names & Phone #'s _____

PLEASE NOTE ANY MAJOR PAST INJURIES AND/OR ILLNESSES AND DATES. INCLUDE ANY MEDICAL INFORMATION OF WHICH WE SHOULD BE AWARE.

Kindly read the following conditions of registration.

- 1) Billing is done by semester. By signing you agree to 5 months for the fall semester for fall signup and 4 months for the spring.
- 2) Fall semester begins the day after Labor Day and ends January 1st of following year. Spring semester is Feb. 1st to May 30th.
- 3) Red River Gymnastics is not responsible for articles left at the facility.
- 4) We will be closed when schools are closed for major holidays.
- 5) REMINDER: No refund for any semester signups.

This membership is not transferable and there shall be no refund or cancellation during the initial term.

EXCEPTION: Permanently moving outside a 50 mile radius may allow cancellation upon a thirty days advance written notice.

- 6) Red River Gymnastics reserves the right to terminate this membership for delinquent accounts, misconduct, or other facility policies or my management decision. Red River Gymnastics reserves the right to refuse anyone's business and Red River Gymnastics reserves the right to change fees and dues with a 30 day notice.

RED RIVER GYMNASTICS IS AUTHORIZED TO ACT FOR ME, IF I AM UNABLE TO BE REACHED, ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING ATTENTION.

_____/_____/_____
Signature of Parent or Legal Guardian **Date**

Waiver for Participation
Please read carefully

I am aware that participating in this sport will be a dangerous activity involving **MANY RISKS OR INJURY**. I understand the dangers and risks of participation include, but are not limited to, death, serious neck or spinal injury, which may result in paralysis, brain damage, serious injury to all internal organs, injury to all bones, ligaments, muscles, tendons, and other aspects of my body. I understand the dangers and risks of playing or practicing may result not only in serious injury, but in serious impairment of future ability to earn a living, engage in business and generally in joy of life.

Because of the danger of the sport, I understand the importance of following the coaches' instruction regarding techniques, training and other rules and agree to obey instruction.

In consideration for allowing your child or myself to participate. I hereby assume all the risks associated with the sport of gymnastics and agree to hold the school/gym, its employees or agents harmless from any and all liability, causes of actions, debts, claims, or demands of any nature whatsoever which may arise in connection with my participation in any activities related to the team or class. The terms hereof serve as a release and assumption of risk for my heirs, estate, and for all members of my family.

I, as the parent/ legal guardian, have read the above warning and release and understand it terms. I understand the sport of gymnastics involves many risks including but not limited to those outlined above. Signature of parent or guardian – By signing below I am committing to payment for the semester my child is attending and the inherit risk listed above for gymnastics.

Parent/ Guardian signature and date: _____

