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www.indigogymnastics.com

Class Registration/ Waiver Form 2011-2012

Student information

Student's Name _____ Sex _____ Age _____ DOB _____
Street _____ City _____
State _____ Zip _____
Mom's Name _____ Dad's Name _____
Phone (____) _____ Cell (____) _____ Emergency (____) _____
Email Address _____

Does your child have any medical conditions or allergies? _____

Name of child's health insurance _____

How did you learn about Indigo Gymnastics Center? _____

May we use the gymnast's photo on our website or advertisements? No names will be disclosed. Yes ___ No ___

Class Information

Session 1 Class _____ Age _____ Day _____ Time _____
Class _____ Age _____ Day _____ Time _____

Session 2 Class _____ Age _____ Day _____ Time _____
Class _____ Age _____ Day _____ Time _____

Session 3 Class _____ Age _____ Day _____ Time _____
Class _____ Age _____ Day _____ Time _____

Session 4 Class _____ Age _____ Day _____ Time _____
Class _____ Age _____ Day _____ Time _____

Annual Registration Fee (Sep 1-Aug 31)

Please check one **Single** \$30 _____ **Family** \$50 _____

Assumption of Risk, Waiver of Liability, and Permission for Medical Treatment

As the parent and/or legal guardian of the above named, I hereby consent to my child's participation in the Indigo Gymnastics Center programs. I acknowledge, understand, and accept the risks associated with the sport of gymnastics and its related activities, including potentially severe injury, paralysis, and even death. I verify that my child is qualified to participate in such activity, is in good health and in proper physical condition. Should my child sustain injury, I hereby forever release Indigo Gymnastics Center and its owners, operators, staff, employees, and members from any and all claims, liability, damages, and demands. I certify that my child has health insurance, and in the event of an emergency, I authorize and grant Indigo Gymnastics Center and its staff to administer temporary first aid treatment and/or if necessary, transport my child to the hospital, and accept responsibility for all associated expenses. I represent that the above waiver is understood completely and is signed voluntarily.

Signature of Parent/Legal Guardian _____

Printed name of Parent/Legal Guardian _____ Date _____