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Sonshine Gymnastics Registration Form

Recreational Class ___ Field Trip ___ Birthday Party ___ Other ___

Child's Name _____

Birth Date ____/____/____ Age ____ Circle: Male or Female Home Ph. _____

School Type (homeschool, traditional or year round) _____ Track # if year round ____ Dismissal time _____

Allergies (type) _____ Medications _____

Medical Conditions _____ Special Needs _____

Contact Information:

Name _____ Relationship to Child _____

Address _____ City _____ Zip _____

Occupation _____ *E-Mail Address _____

Cell Phone _____ Work Phone _____ ()Text Opt-In (consent required)

Name _____ Relationship to Child _____

Address _____ City _____ Zip _____

Occupation _____ *E-Mail Address _____

Cell Phone _____ Work Phone _____ ()Text Opt-In (consent required)

Emergency Information:

Emergency contact person (if mother, father or guardian cannot be reached) _____

WAIVER OF LIABILITY—ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS

In consideration of participating in any activities held by Sonshine Gymnastics (this activity and any other activity or class I participate in either on the facility property or in a virtual online session) I represent that I understand the nature of these Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activities. I fully understand that these Activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or in actions, those of others participating in the events, the conditions in which the events take place, or the negligence of the "releasees" named above; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activities. I hereby release, discharge, and covenant not to sue Sonshine Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which any of the Sonshine Gymnastics activities take place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARENTAL CONSENT AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and any activity held at Sonshine Gymnastics and the Minor's experience and capabilities and believe the minor to be qualified to participate in these activities. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

All activities held by Sonshine Gymnastics Inc. will be operating in a social and physical distancing environment when necessary under the direction of the State of NC and/or NC Health and Human Services. However, with best efforts and intentions, there may be times when the children breach the social distancing recommendation. In addition, our coaching staff will be spotting (physically assist) when the circumstances require it. Spotting our students and athletes is often necessary in order to teach skills safely, to help athletes perform skills correctly and prevent injury. I understand and agree that spotting may be part of the learning process at Sonshine Gymnastics Inc. and I agree to permit my child's coaches to physically assist my child when needed. Direct assistance will also be provided to prevent injury. I further agree not to hold Sonshine Gymnastics Inc. and its staff responsible for incidental contact and any transmittal of communicable diseases such as but not limited to COVID-19, Influenza etc...

By sending your child to a Sonshine Gymnastics activity you are acknowledging that your child does not have or has not been in contact recently with anyone who has had a fever*, cough, shortness of breath or difficulty breathing, chills, new loss of taste or smell, vomiting or diarrhea since last being at Sonshine Gymnastics Inc. That they have not potentially been exposed** to COVID-19 or have reason to believe you/they have COVID-19.

*Fever is determined by a thermometer reading 100.4 or higher or by subjective signs such as flushed cheeks, fatigue, extreme fussiness, chills, shivering, sweating, achiness, headache, not eating or drinking.

**Exposure is sharing a household or having close contact with anyone with COVID 19 or has symptoms of COVID 19

I authorize Sonshine Gymnastics to utilize videotape, audio or photographic materials of myself or dependent children, for the purpose of promotional materials for Sonshine Gymnastics programs and services. This includes printed advertising material which may be posted on the Sonshine Gymnastics website. I further understand that there is a no refund/no credit policy.

Date: _____

Printed name of Parent/Legal Guardian

Signature of Parent/Legal Guardian