

# CHILDREN IN ACTION GYMNASTICS

## Registration Form

Student Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone# \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

How did you hear about Children In Action? \_\_\_\_\_

Are there any medical conditions to which the staff should be alerted to? Y / N

If yes, please describe. \_\_\_\_\_

### **CLASS INFORMATION:**

Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

### **REGISTRATION / TUITION FEES:**

Annual Registration Fee \_\_\_\_\_ First Tuition Payment \_\_\_\_\_

Family Discount \_\_\_\_\_

### **ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY:**

As the legal guardian of \_\_\_\_\_, I hereby consent to the above person participating in the **CHILDREN IN ACTION (CIA)** gymnastics programs. I recognize that potentially severe injuries including permanent paralysis or death can occur in any activity involving height and motion. I also realize that my child will be performing and training on all gymnastics equipment plus various other training devices including the mini-trampoline. I understand that it is the express intent of **CIA** to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby release **CIA**, their consultants, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of **CIA's** consultants / employees. As legal guardian of the aforementioned student, I hereby agree to individually provide for the possible future medical expenses, which may be incurred by my child as a result of any injury sustained while training at, or performing for **CIA**. **INDEMNIFICATION:** I agree to hold harmless, defend and indemnify **CIA**, Ruh Management, Inc., The South Towns Tennis Center and Orchard Park Tennis Center, LLC (that is, defend and pay any judgment and costs, including investigation costs and attorney's fees) from any and all claims of mine, my spouse, heirs, personal representatives, or assigns arising from an injury or loss due to my participation in said program. I further agree to hold harmless, defend

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_