



Registration Form

Gymnast/Dancer Information

Name: _____
Last *First* *Middle*

Date of Birth (MM/DD/YYYY): _____

School (For Scheduling Purposes): _____

School District (For Scheduling Purposes): _____

Special Information (allergies, medical, behavioral, etc) you would like us to know about the gymnast/dancer:

Parent/Legal Guardian and Billing Information

Name: _____
Last *First* *Middle*

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Type: Home Work Cellphone

Alternate Phone Number: _____ Type: Home Work Cellphone

Email Address: _____

Check here to receive news and updates by email

Emergency Contact

Emergency Contact Name: _____
Last *First* *Middle*

Relationship to Gymnast/Dancer: _____

Primary Phone Number: _____ Type: Home Work Cellphone

Alternate Phone Number: _____ Type: Home Work Cellphone

CLASS AND REGISTRATION FEE MUST BE PAID IN FULL BEFORE THE FIRST DAY OF CLASS AND ARE NON-REFUNDABLE



Medical Release and Waiver of Liability

Gymnast/Dancer Name: _____ Date: _____

Parent or Legal Guardian Name: _____

BY SIGNING BELOW, I acknowledge reading, understanding, and accepting the statements herein.

AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER – I am aware that gymnastics and dance are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, dance and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs to myself, to property, or to third parties.

_____ (Initial) I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or knowledge of the risks involved.

_____ (Initial) I understand that the mats, pits and other safety equipment and apparatus provided by Central Bucks School of Gymnastics, Inc. for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated.

_____ (Initial) I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and tumbling and about possible injury. The parent should warn the child according to what the parent feels is appropriate. Central Bucks School of Gymnastics, Inc. staff will only warn the child through safety messages, teaching style and progressions.

_____ (Initial) I understand that it is my responsibility as an adult participant or parent/guardian of a minor not to participate or allow participation if there are any physical, emotional and behavioral, or other problems that might compromise a safe involvement. I understand the nature of the activities that I or my child will participate in and I or my child's experience and capabilities and believe that I or my child are in good health and in proper physical condition to participate in these activities.

_____ (Initial) My participation or my child's participation in this activity is purely voluntary, no person(s) are forcing me or my child to participate and I elect of my own volition to participate or have my child participate with full knowledge of the inherent risks involved.

_____ (Initial) In consideration of my participation, I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Central Bucks School of Gymnastics, Inc. and any of their employees, teachers, coaches or agents from any all present and future claims resulting from ordinary negligence or omissions of Central Bucks School of Gymnastics, Inc. or their staff or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, dance or any other activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns.

_____ (Initial) I agree that Central Bucks School of Gymnastics, Inc. shall have no responsibility for lost, damaged, or stolen property in or on the premises, parking lots, or in other areas within the vicinity of the gym.

_____ (Initial) Should Central Bucks School of Gymnastics, Inc. or anyone acting on their behalf, be required for any reason to incur attorney fees and costs to enforce this agreement, I agree to indemnify and reimburse Central Bucks School of Gymnastics, Inc. for such fees and costs.



Medical Release and Waiver of Liability

AUTHORIZATION OF MEDICAL CARE

_____ (Initial) I fully understand that the Central Bucks School of Gymnastics Inc. staff members are not physicians or medical practitioners of any kind. With this in mind, in the case of injury or illness during participation in activities I hereby release Central Bucks School of Gymnastics Inc. staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Central Bucks School of Gymnastics Inc. staff to call our doctor and to seek medical help, including transportation by a Central Bucks School of Gymnastics Inc. staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Central Bucks School of Gymnastics, Inc. staff deem this to be necessary.

_____ (Initial) I understand that Central Bucks School of Gymnastics, Inc. does not carry medical insurance for participants and I forever release the corporation, staff, owners, facility and equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses, and/or other damages incurred by my child, myself, or other family members while participating or visiting the facilities, parking area, or traveling to or from, or at a related activity. I expressly agree and promise to accept and assume all of the risks existing in this activity as outlined above.

_____ (Initial) I hereby waive, release and discharge forever Central Bucks School of Gymnastics, Inc. from any and all claims, liabilities, demands or causes of action whatsoever that may arise from the rendering of first aid to me or my child for injuries arising on or around the property of Central Bucks School of Gymnastics, Inc. or that may arise in the transportation of me or my child to a medical facility.

_____ (Initial) I 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 and my own protection.

_____ (Initial) I understand that injuries can and do occur and that health insurance is a requirement. I certify that I have health, accident, and liability insurance to cover any bodily injury or property damage I or my child may cause or suffer while participating in the sport of gymnastics or any other activities in or related to Central Bucks School of Gymnastics, Inc. or else I agree to indemnify and reimburse Central Bucks School of Gymnastics, Inc. for such fees and costs as incurred.

PARENT RESPONSIBILITY TO SUPERVISE

_____ (Initial) When I visit Central Bucks School of Gymnastics, Inc., or am involved in any related activity involving parental presence or participation, I understand and accept the responsibility, and any associated liability, of constantly supervising, controlling, and restricting activities as necessary to assure safety of the children I bring and myself.

PHOTOGRAPHS AND STATEMENTS

_____ (Initial) I understand that Central Bucks School of Gymnastics, Inc. periodically takes photographs and video at various events to post in advertisements. I hereby give permission for photographs and videos to be taken of my child and Central Bucks School of Gymnastics, Inc. has the right to utilize these as well as my child's name in brochures as well as in electronic, video, print, newsletters, posters, display and other materials.

VALID DATES – These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or any family member participates in any activity at or with Central Bucks School of Gymnastics, Inc.

GOVERNING LAW - I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the Commonwealth of Pennsylvania and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be Bucks County, Pennsylvania.



Medical Release and Waiver of Liability

I affirm that I am of legal age and am freely signing this agreement. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found, by a court of law, to have waived my right to maintain a lawsuit against Central Bucks School of Gymnastics, Inc. on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms. I understand that I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Central Bucks School of Gymnastics, Inc. or any person listed above.

Parent/Legal Guardian Signature: _____ Date: _____

Relationship to Gymnast/Dancer: _____

***A waiver must be completely filled out and signed for each participant.
ANY AND ALL FEES PAID ARE NON REFUNDABLE***