

SUMMIT ACADEMY OF GYMNASTICS
3407 Conestoga Drive, Fort Wayne, IN 46808, (260) 482-2511, www.summitacademyofgymnastics.com
GYMNASTIC & TUMBLING REGISTRATION FORM AUGUST 14, 2017 THRU June 2, 2018

Child's Name _____ M/F _____ Age _____ Birthdate _____ Today's Date _____
 Address _____ City/State _____ Zip _____
 Parent's Names _____ E-Mail Address _____ Phone# _____
 Emergency Contact _____ Relationship to Child _____ Phone# _____
 Family Doctor _____ Phone# _____ After Hours# _____
 Place of Employment _____ Work Phone# _____ Cell Phone# _____

| CLASS CHOICE | WITHDRAWALS | REGISTRATION |
|--|--|---|
| 1 st Choice Day _____ Time _____ Level _____ 2 nd Choice Day _____ Time _____ Level _____ *First class choice will be honored unless you are notified. | A \$25.00 non-refundable registration fee, per year, per family, is required at the time of sign-up. | A resignation card must be filled out at least two-weeks prior to the end of the current pay session. |

*First class

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the sport of gymnastics, wrestling, and cheer tumbling, or the sport I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below, 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 activity.

I hereby release, discharge, and covenant not to sue Summit Academy of 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 the activity takes place, (each considered one of the "RELEASES" herein) from 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 "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver or 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 may incur as the result of such claim.

By reading the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I understand that I have given up substantial rights by signing it and 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 the Minor's experience and the capabilities and believe the minor to be qualified to participate in such activity. 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 Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim. I have read this carefully and understand it contains a release. I grant Summit Academy permission to reproduce and/or distribute photographs and/or video of myself or my child. **I understand that enrollment is CONTINUOUS THROUGH June 2, 2018. I am responsible for continuous payments, unless I contact Summit Academy of Gymnastics TWO WEEKS prior to the start of the next pay period and withdraw my child/myself from class.**

_____ I have read and agree to the terms and conditions of this agreement (Please initial)

Printed name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____ Date: _____

*This form is valid for one (1) year from date signed.
 Please also fill out health form. Keep polices & schedule for future use. Thank you.*

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|------------------------------|--|
| <i>For Office Use Only</i> | |
| Starting Date _____ | |
| Registration Fee _____ | |
| ____ Health Form Completed | |
| Health Concern _____ | |
| ____ Recorded On Board _____ | |
| ____ Manual Charge _____ | |
| ____ Automatic Charge _____ | |

