

**SUMMIT ACADEMY OF GYMNASTICS**  
**3407 Conestoga Drive, Fort Wayne, IN 46808, (260) 482-2511, www.summitacademyofgymnastics.com**  
**GYMNASTIC & TUMBLING REGISTRATION FORM SUMMER 2019**

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# \_\_\_\_\_

<p><b>CLASS CHOICE</b></p> <p>1<sup>st</sup> Choice                  Day _____ Time _____ Level _____</p> <p>2<sup>nd</sup> Choice                  Day _____ Time _____ Level _____</p> <p><b>*First class choice will be honored unless you are notified.</b></p>	<p><b>Please indicate which 4-week session</b></p> <p>_____ Summer #1 June 3 - June 28</p> <p>_____ Summer #2 July 15 - August 9</p> <p><b>NO REGISTRATION FEE FOR SUMMER</b></p> <p><b>***No classes July 1 thru July 12***</b></p>	<p><b>Summer Fees per 4 week Session</b>  <b>Payment must accompany this form</b></p> <p>30 min class - \$25.00                  45 min class - \$45.00                  1 hr. class - \$52.00                  1 1/2 hr. class - \$67.00                  2 hr. class - \$85.00</p>
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**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 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.*

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

**Medical Survey for \_\_\_\_\_**

- YES NO 1. Have you ever experienced a seizure or been informed that you might have epilepsy?  
 YES NO 2. Have you had hepatitis during the past five years?  
 YES NO 3. Have you been treated for infectious mono, virus pneumonia or another infectious disease during the past twelve months?  
 YES NO 4. Have you ever been treated for diabetes?  
 YES NO 5. Have you ever been treated or informed by a medical doctor that you have had rheumatic or scarlet fever?  
 YES NO 6. Have you ever been told that you have a heart murmur?  
 YES NO 7. Have you ever been told that you have high blood pressure? year? If so, give date and nature of illness?.  
 YES NO 8. Have you had any illness requiring bed rest of one week or more during the past?  
 YES NO 9. Have you ever been told you are anemic?  
 YES NO 10. Have you ever been told you had hemophilia or other bleeding disorders or currently have easy bruising or bleeding?  
 YES NO 11. Do you wear eye glasses or contact lenses? During athletic participation?  
 YES NO 12. Do you wear any dental appliance? If yes, mark the appropriate appliance  
 \_\_\_permanent bridge \_\_\_permanent crown/jacket \_\_\_removable partial \_\_\_full plate.  
 YES NO 13. Have you ever been told that you have a hernia? If so, is it repaired?  
 YES NO 14. Have you had any operations not listed in this questionnaire during the past two years? If yes, indicate anatomical site of the operation and date  
 YES NO 15. Have you had any additional illnesses or injuries during the past two years? If yes, Indicate specific illnesses and dates.  
 YES NO 16. Are you currently on medications or drugs on a permanent or semi-permanent basis? If so, indicate name of drug and why it was prescribed  
 YES NO 17. Are you allergic to any general medication? (ex. Aspirin, sulfa, etc.)  
 YES NO 18. Date of most recent tetanus immunization: \_\_\_\_\_  
 YES NO 19. Do you use tobacco, drugs, or alcoholic beverages?  
 YES NO 20. Give the name of doctor who gave you your last medical exam & appropriate date: \_\_\_\_\_  
 YES NO 21. Have you been "knocked out" or experienced a concussion during the past three years? If yes, give dates of all and if hospitalized.  
 YES NO 22. Have you ever had an injury to the neck involving nerves, vertebrae (bones), or vertebra discs, that incapacitated you for a week or longer? Give details.  
 YES NO 23. Have you ever been treated for Osgood-Schlatter disease?  
 YES NO 24. Have you ever been treated for osteomyelitis?  
 YES NO 25. Have you had a fracture during the past two years? If yes, indicate the site of the fracture and date.  
 YES NO 26. Have you had a shoulder dislocation, separation or other shoulder injury during the past two years that incapacitated you for a week or longer?  
 YES NO 27. Have you ever been advised to have surgery to correct a shoulder condition? If yes, give details and date.  
 YES NO 28. Have you experienced a severe sprain, dislocation or fracture to either elbow during the past two years? If yes, give dates.  
 YES NO 29. Have you ever had an injury to the back?  
 YES NO 30. Do you ever experience pain in your back? If yes, indicate frequency with which you experience pain: \_\_\_very seldom \_\_\_occasionally \_\_\_during heavy lifting \_\_\_only when vigorously exercising \_\_\_frequently  
 YES NO 31. Do you think your back is weak?  
 YES NO 32. Have you experienced a sprain to either knee during the past two years with severe swelling accompanying the injury?  
 YES NO 33. Have you ever been told that you injured the ligaments, cartilage in either knee?.  
 YES NO 35. Have you had or do you have pain in your feet while walking, running or standing?  
 YES NO 36. Do you have weak ankles and have you ever sprained your ankles?  
 NO 37. IS THERE ANY REASON YOU FEEL YOUR SON OR DAUGHTER SHOULD NOT PARTICIPATE IN THE ACTIVITY YOU ARE REGISTERED FOR?

*Please use this area to fill in any information asked for in the previous questions.*

**Please initial the following:**

\_\_\_\_\_ **I am responsible for continuous payments unless I submit a resignation card to Summit Academy two weeks prior to the rules and policies attached next pay period and withdraw my child.**

\_\_\_\_\_ **I grant Summit Academy permission to use picture/video of myself or my child.**

\_\_\_\_\_ **The above information and medical questions have been answered and I have read and agree to terms and conditions on the entire agreement.**

\_\_\_\_\_  
**Printed Name of Parent or Legal Guardian,**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date Signed (This form is valid for one (1) year from date signed.)**

**PAYMENT INFORMATION AND OPTIONS**

**PAYMENT OPTIONS: (initial #1 or #2)**

**# 1. \_\_\_\_\_ Autopay with card listed below: Start date: \_\_\_\_\_**

Amount \_\_\_\_\_ 8 wk period classes or 4 wks period.

Card type: \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover /

Acct # \_\_\_\_\_ Expiration \_\_\_\_\_

CVC \_\_\_\_\_

Name(as appears on card): \_\_\_\_\_

Address (affiliated with card): \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email (for payment receipt): \_\_\_\_\_

**# 2. \_\_\_\_\_ Cash or Check or PayPal**

**I verify the above information is correct. I agree to the payment option selected:**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**