

Gymnast's name: _____ Birth date: _____
 Street: _____ Apt.: _____ Gender: _____
 City: _____ Postal Code: _____
 Parent: _____ Phone:(home) _____ (work) _____
 Alternate contact: _____ Phone: _____
 Medical problems: _____
 Previously registered with our club? ___ if so, year, and highest level achieved _____

Kindergym _____ Parent&Tot _____ Day _____ Time _____ Session #1 _____ #2 _____ #3 _____ #4 _____

Girls/Boys Rec: A.M. _____ P.M. _____ ALL DAY _____ Session #1 _____ #2 _____ #3 _____ #4 _____
 Day Care: A.M. _____ P.M. _____ Dates _____

Waiver & Release of Liability

There is a potential risk for injury involved in training or participating in any sport. This is to be read & signed by the parent/legal guardian of all participants under the age of eighteen. Your child may not commence gymnastics lessons until this document is signed.

In part consideration of the K.W. Gymnastics Club (the Club) permitting my child to take part in the lessons and other activities of the Club, I hereby release the Club and its employees, agents and volunteers from any and all damages sustained in consequence of loss, injury or damage to any person or property and from any or all actions, causes of action, claims and demands of any nature arising directly or indirectly from my child's participation in gymnastics; and

Authorization

I further authorize the Club, its employees, agents and volunteers to provide medical first aid which they deem reasonably necessary for my child in the event of his/her injury during the activities of the Club and I agree to reimburse the Club for all expenses incurred thereby

The undersigned acknowledges that he/she has read the foregoing and understands and agrees to this waiver and release of liability and authorization in favour of the K.W. Gymnastics Club, Its employees, agents and volunteers.

Name of participant: _____ Age: _____
 Signature of parent/guardian: _____ Date: _____

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