



REGISTRATION FORM

Last: _____

First: _____

Middle: _____

STUDENT INFORMATION

Student #1 First _____ Last _____ M F Age _____ Birth date: _____

Student #2 First _____ Last _____ M F Age _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ (for billing and notification, not shared)

Mother's First: _____ Last: _____ Occupation: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Father's First: _____ Last: _____ Occupation: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Billing Address (if different) Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

If neither parent can be reached, in an emergency, please contact Name: _____

Phone: _____ Relationship: _____

Release for carpool pick-up (driver) Name: _____ Phone: _____

Primary Medical Insurance Carrier: _____

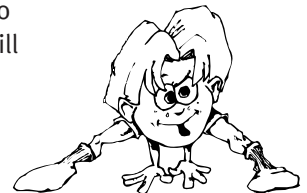
Please list any previous bodily injuries, allergies, medical, or special needs: _____

How did you hear about GymnastiKids? _____

PAYMENT INFORMATION



- Checks are made payable to GymnastiKids (please note child's name on check and place in green tuition box)
- We also accept Visa / Master Card and cash payments
- Credit cards are securely stored in our computer system
- When paying by credit card for the next session, note on invoice to charge credit card on file and place in the green tuition box. We will never charge your credit card unless you give us permission.
- Pay by Save-A-Spot date and ensure your child's spot in their current class along with paying the Save-A-Spot rate.



FOR OFFICE USE ONLY

Trial Date _____ Class # _____

Class _____ Level (if applicable) _____ Age _____ Day _____ Time _____ M/F

Annual Registration Fee \$ _____ Tuition Fee \$ _____ Total \$ _____

Method Of Payment Check # _____ Credit Card Cash Received T-Shirt Yes No

PLEASE READ AND SIGN WAIVER ON THE OTHER SIDE

2237 E. Colorado Blvd. • Pasadena, CA 91107 • 626-796-5437 • 626-796-2171 FAX





GYMNASTIKIDS LIABILITY WAIVER

2237 E. Colorado Blvd., Pasadena, CA 91107
gymnastikids@sbcglobal.net

Name of Participants : _____

Address: _____ City: _____ State: _____ Zip: _____

ASSUMPTION OF RISK WAIVER OF LIABILITY MEDICAL AUTHORIZATION

In consideration for the use of services, facilities, or equipment at Gymnastikids, the participant hereby releases Gymnastikids Inc., its subsidiaries, affiliates, partners, officers, directors, employees, agents and volunteers (and each of their respective heirs, assigns, and legal representatives), on behalf of the participant or his or her heirs, assigns, and legal representatives, from any and all liability for negligence, bodily injuries, death or property damage to participant, arising out of participant's use of or presence upon property of Gymnastikids Inc.

The participant at Gymnastikids understand, acknowledges, and agrees that acrobatics, gymnastics, tumbling and trampoline are dangerous activities, and those activities can result in injury to the person or damage to the property or to third parties, and the participant is fully aware of the risks inherent in engaging in or observing any activity at Gymnastikids, no matter how careful the participants and staff, no matter what safety equipment is worn, the risk cannot be eliminated. Risk can be reduced but never eliminated.

The risk of injury includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk includes catastrophic injuries such as permanent paralysis or death. These can occur from landings or falls on the back, neck or head and other such occurrences. The participant may suffer such injuries while merely observing or being in the proximity to our activities as other participants may collide, land, or fall upon you. The participant is aware of the conditions of the facilities and that conditions may become more dangerous during the time the participant is using the premises. The participant voluntarily assumes all risk of loss, damage, or injury while on the premises. The participant acknowledges that there are various degrees of skill and experience required for the different activities and the participant will abide by the rules for the use of the various activities, including wearing all of the protective gear and equipment that is required for participation and will follow instructions of staff members. Failure to follow rules and instructions from staff may result in termination of participation in activities without refund.

The participant agrees to indemnify Gymnastikids Inc., against, and save it harmless from, any and all damages, actions, claims, judgments, cost of litigation and attorney fees which may result from the participants use of our presence upon the property or facilities of Gymnastikids, including damage to the equipment of Gymnastikids, or lessor's property.

I hereby authorize Gymnastikids to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the participant or the participant's family. I certify to Gymnastikids Inc. that I have no physical conditions or mental impairment that would be affected by participation in activities of Gymnastikids. I permit Gymnastikids to use any photographs, videotapes, motion picture recordings, or any other record taken while I am on the premises of Gymnastikids, or engaged in any activity or even sponsored, promoted, or organized by Gymnastikids for publicity, advertising, or any legitimate purpose.

By signing this waiver and assumption of risk and release, I acknowledge that I have read the above release and fully understand its contents. I agree to be bound by the terms of the release and understand that any and all risks, weather know or unknown, are expressly waived in advance. I certify that the participant is covered by insurance to cover any injury or damages I may suffer or cause, or else I agree to bear the costs for such injury or damage to myself or others.

PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 19.

I have read and understand the Payments, Policies, Acknowledgement of Risk and Waiver of Liability sections, and I agree to the terms written.

Signature of parent/legal guardian: _____ Date: _____

Print name of parent/legal guardian _____ relationship to participant _____

Witness: _____ Date: _____