

REGISTRATION FORM

HALKER'S GOLD GYMNASTICS (GOLD MEDAL GYMNASTICS, INC.)

STUDENT NAME _____ SEX _____ AGE _____ D.O.B. ____/____/____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

MOTHER'S NAME _____ PLACE OF EMPLOYMENT _____ OCCUPATION _____ WORK PHONE _____

FATHER'S NAME _____ PLACE OF EMPLOYMENT _____ OCCUPATION _____ WORK PHONE _____

ARE THERE ANY MEDICAL CONDITIONS TO WHICH WE SHOULD BE ALERTED _____

ANNUAL REGISTRATION FEE - \$25.00 PER CHILD (MUST ACCOMPANY THIS FORM)

CLASS CHOICE (PLEASE CIRCLE CLASS LOCATION BELOW)

OTTAWA LAFAYETTE BLUFFTON

CLASS CHOICE: DAY _____ TIME _____

ENCLOSED IS THE \$25.00 REGISTRATION \$ _____

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY & PROMISE TO PAY

As Legal guardian of, and or participant _____, I hereby consent to the aforementioned person participating in the Halker's Gold Gymnastics (Gold Medal Gymnastics, Inc.) programs. I understand the nature of this activity and I feel I or my minor is in good health and proper physical condition to participate in such Activity. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death can occur in any activity involving height or motion, including gymnastics, cheerleading, and any other activities at Halker's Gold Gymnastics (Gold Medal Gymnastics, Inc.) provides. I UNDERSTAND AND ACCEPT THAT RISK. I also realize that my child will be performing and training on all gymnastics events, plus various other training devices including the trampoline. I understand the nature of this activity and believe the minor to be healthy and physically able to participate in such activity.

I further understand that while the payment of tuition and registration fees constitutes a part of the consideration due to Halker's Gold Gymnastics (Gold Medal Gymnastics, Inc.) an additional and important part of the consideration due to Halker's Gold Gymnastics (Gold Medal Gymnastics, Inc.) is this sign release form. Therefore, in consideration for and allowing my child to use the Halker's Gold Gymnastics (Gold Medal Gymnastics, Inc.) equipment and facilities and or rented facility. I hereby forever release the Halker's Gold Gymnastics (Gold Medal Gymnastics, Inc., its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child, while under the instruction, supervision, or control of Halker's Gold Gymnastics (Gold Medal Gymnastics, Inc.), it's owners, officers, employees, teachers, or coaches. I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as a result of any such claim.

As a parent or legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training or performing for Halker's Gold Gymnastics (Gold Medal Gymnastics, Inc.)

I also understand the payment policies, yearly, monthly, and hourly fees, and agree to make prompt payment. If billing is required I will be charged a \$5.00 billing fee per month as well as any expenses Halker's Gold Gymnastics (Gold Medal Gymnastics, Inc.) incurs to collect any unpaid fees. I also realize that this registration fee is non-refundable.

This acknowledgement of risk and liability, and promise to pay, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I also give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

PRINTED NAME OF PARTICIPANT _____ Yes I Prefer to have a auto debit from my checking account Or Credit Card
PARTICIPANT SIGNATURE _____ DATE _____ ROUTING NUMBER _____ ACCOUNT NUMBER _____
PRINTED NAME OF LEGAL GUARDIAN _____ CREDIT CARD # _____ EXPIRATION DATE _____
PARENT OR LEGAL GUARDIAN SIGNATURE _____ DATE _____ NAME ON CARD _____ SECURITY CODE _____ ZIP CODE _____