



## Registration and Release Form

**Please complete the front and back legibly and return to the front desk. This form must be completed prior to participation in any activity at Champion Gymnastics Academy.**

<b>Parent(s)/Adult Participants names:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Home Address</b>	<b>City &amp; Zip</b>	<b>Parent Social Security #/DOB:</b>
<b>Emergency Contact</b>	<b>Emergency Phone</b>	<b>How did you hear about champion?</b>
<b>E-mail</b>	<b>Employer:</b>	<b>Work Phone:</b>

### Participant(s) Names

(office use only)

First Name	Last Name	Sex M/F	Birthday	Class Day	Class Time	Class Type
			__/__/__			
			__/__/__			

**Tuition is based on 48 classes per year and is due on the 1<sup>st</sup> of each month. Payments made after the 15<sup>th</sup> of the month will incur a \$10.00 late charge. All returned checks have a \$25 service charge. If an account is more than 30 days delinquent Champion reserves the right to cancel your child's spot in the class.**

**I agree to follow and abide by the procedures of Champion Gymnastics concerning safety and facility regulations. I understand that no cash refunds are given. I agree to submit "A Fond Farewell" form to the front office thirty days prior to the final class attended. I understand I am responsible for any fees for a period of thirty days after my form is received by Champion Gymnastics.**

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

### Medical Information

<b>Physician's Name</b>	<b>Physician's Phone</b>	<b>Preferred Hospital</b>
<b>Insurance Carrier</b>	<b>Insurance Address</b>	<b>Insurance Phone</b>
<b>Policy Holder</b>	<b>Relation to Student</b>	<b>List Any Medical Problems or Limitations?</b>

<b>Start Date</b> __/__/__	<b>\$ _____ Registration Fee</b>	<b>\$ _____ 1<sup>st</sup> Mo. Tuition</b>	<b>\$ _____ Total</b>
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**RELEASE AND WAIVER LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

In consideration of being permitted to participate in any way in the gymnastics program indicated in the registration form and/or being permitted to enter, for any purpose, any restricted area for unrelated gymnastics activities the parent (s) and /or legal guardians of the minor participant named, agree:

I represent that I understand the nature of this Activity and that I or my child is qualified, in good health, and in proper physical condition to participate in the activity. We 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 or 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 and my child or not readily foreseeable at this time; and we fully accept and assume all such risks and all responsibility for losses, cost, and damages I or my child incurs as a result of my or my child's participation in the activity.

I herby release, discharge and covenant not to sue Valley Sports Clubs, Inc. dba Champion Gymnastics Academy, its respective administrators, directors, agents, officers, volunteers , and employees, other participants, and sponsors, advertisers, owners and lessors of premises on which the activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages caused or alleged to be caused in whole or in part by negligence of the "releasees" or otherwise, including negligent rescue operations. I agree that if, despite this release, waiver of liability, and assumption of risk, that if 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 any Releasee may incur as the result of such claim.

I have read the Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, and understand that I have given up substantial rights by signing it and have 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant)

**Parent 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 capabilities and believe the minor to be qualified to participate in such activity. I herby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releasees from liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by negligence of the releasee or otherwise, including negligent rescue operations, and further agree that if, despite this release, the minor, or anyone on the minor's behalf, makes 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.

\_\_\_\_\_  
Printed name of parent/or legal guardian

\_\_\_\_\_  
Signature of parent/or legal guardian

Date: \_\_\_\_\_

**Authorization To Consent To The Treatment Of A Minor**

I, we the undersigned, parents of \_\_\_\_\_ a minor, do hereby authorize any adult instructor of Champion Gymnastics Academy, as agent(s) for the undersigned, to consent to any medical treatment and/or call 911 and/or for hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any an all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective indefinitely, unless sooner revoked in writing and delivered to said agent(s).

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_