

Registration Form

| ************** | ********* | ******* | ****** | ****** | ********** |
|--|---|---|--|--|---|
| Date: | | | | | |
| 1st Student's Name: Last: | | | | _ | |
| 2 nd Student's Name: Last: | First: | Birth Date: | Sex: _ | Allergies/M | edical Conditions: |
| 3 rd Student's Name: Last: | First: | Birth Date: | Sex: _ | Allergies/M | edical Conditions: |
| Parent/Guardian Name: Last: | | Firs | st: | | |
| Home Phone: | Cell Phone : | | Work Pho | ne: | |
| Street: | | City: | | _ State: | Zip: |
| Street: Emergency Contact: Name/Relatio | nship | | _Emergency | y Phone | |
| **E-mail Address: | • | How did vo | | | |
| (Email is used for gym closings and s | pecial event notification | ons.) | | | |
| It is recommended that every participant at Infi physical and/or mental conditions or any chang risks of injury when participating in any sports follow all written and posted safety rules. We re | es that may inhibit the partic related activity (gymnastics) eserve the right to refuse any | cipants' performance throughout). In order to minimize these r | out the year. The risks, it is essen ow these rules. | e parent or guardia tial that the partici | in should recognize that there are definite |
| I fully understand that Infinity Gymnastics Aca staff to render temporary aid to named persons medical help, or to call an ambulance at my exp individually provide for all medical expenses, v | demy (Infinity) staff member and/or participants in the evenue for named persons and | ers are not physicians or medic ent of any injury or illness, and l/or participants should Infinity | cal practitioners d if deemed new y staff deem thi | cessary by the Infir is to be necessary. | nity staff, to call a doctor and to seek Additionally, I hereby agree to |
| As legal guardian and/or one of the above name or activities involving gymnastics, including but friend, field trips, competitions, trampoline, rur aforementioned persons participating in any and and/or myself to use this facility, I, on my own SUE and FOREVER RELEASE Infinity, its owinjuries suffered by myself or my child while us above named persons to warn the participant ar appropriate. Infinity Gymnastics Academy will | at not limited to gymnastics a uning, conditioning, personal d all programs at Infinity and behalf and the behalf of my orners, officers, directors, em nder the instruction, supervisid/or be aware of the dangers d only warn the participant the | related activities, tumbling, ch I training, and preschool activid I ACCEPT ALL RISKS asso- child and our respective heirs ployees or other representative sion or control of Infinity. I als s of injury. The guardian is as hru safety messages and our te | eerleading, clir ties. Being ful ociated with tha , administrators es, whether pas so understand to ware and should aching style an | nics, camps, private ly aware of these dat participation. In s, executors, and sud d or volunteer, fron hat it is the respon- d warn the participal d progressions. | e lessons, birthday party guests, bring a langers, I voluntarily consent to the consideration for allowing my child accessors, hereby CONVENENT NOT TO m all liability for any and all damages or sibility of the legal guardian and/or the ant according to what the guardian feels is |
| I further agree that Infinity, and the sponsor of damages occurring as a result of me or my child or reckless conduct of one of the organizations | d participating in an Infinity | | | | |
| I also give Infinity_my permission to photograp all activities relating to Infinity to be used in br advertising where these photographs/videos ma | oadcast media as deemed ap | | | | |
| By registering my child, children or myself, at given and read thoroughly, including the policy | | | | | |
| Adults: Adults will not use beams, bar intended for youth and Infinity athletes only, th | | | | | n only. I understand that if I use equipment and this requirement to not use equipment. |
| Payment and Insta | llment Billing Informat | ion (This is a binding agr | eement. Plea | se make your se | election below.) |
| I am on AUTOMATIC monthly billicaccount balance by check or cash, but I under INSTALLMENT payments for any balance administrative late fee of \$10 will be added to year the time of purchase and/or registration. I undecontinuously enrolled in the program and I will I am registering for a program that purchase and/or registration. I understand if I decontained in this registration form and I am conrequest form. | erstand that if payment is a due on my account. If, for a your account. Auto billing or derstand if the above named incur installment monthly to DOES NOT have installment enroll in a program that do | not received before the 1st of any reason, Infinity has not received applies to programs that has persons and/or participants are uition charges on my account them the them that the times have installment tuition I a | each month, I ceived payment we monthly tuite enrolled in a juntil I submit a me. Fees for of gree to the tuiti | Infinity will initiand to ris unable to protection. Fees for other program that has in a life in Infinity drop require products and/out to payment, enrolled | te AUTOMATIC electronic occess payment by the due date, an a products and/or services shall be paid for a stallment monthly tuition I am uest form. For services shall be paid for at the time of a liment and installment billing terms |