



Registration Form

PLEASE PRINT

Children	Sex	DOB	Today's Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Legal Guardian(s) _____

Phone _____ **Email** _____

Address _____ **City** _____ **Zip** _____

Emergency Contact _____ **Phone** _____

How did you hear about us? _____

*Is your child Autistic, on any spectrum? ___Y ___N

*Does your child have ADHD? ___Y ___N

(*This will only help the coaches and your child during class to better understand each other.)

Is your child up to date with Vaccines? ___Y ___N

For Your child's safety and benefit, please list any other known health problems or concerns, any previous illness, injury, medication or allergies, so we can make the staff aware and assist your child in the best way possible: _____

Initial:

_____ I have been given a copy and agree to the Policies of Planet Gymnastics.

_____ I agree to pay by the 1st of each month, and understand there is a \$15 late fee after the 7th and a \$25 late fee after the 11th and a \$35 late fee after the 15th.

_____ There is a \$25 charge for Insufficient Funds.

_____ Only enrolled students are allowed to do make ups within 2 weeks of their missed class.

_____ Photos taken may be used for Planet Gymnastics social media or advertising.

_____ * We may call 911 if needed. A representative of Planet Gymnastics has my permission to seek medical treatment for illness or injury for my child in my absence.

OR

_____ *We may NOT call 911. I do not choose to sign the above medical release. Please notify a parent or the person named as the emergency contact.

Parent's Signature _____ **Date** _____



**STUDENT
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in these gymnastics activities, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I 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, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Planet Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, 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, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk 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 may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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.

_____ **DOB** _____
_____ **DOB** _____
_____ **DOB** _____

Printed name of participant(s)

PARENTAL 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 hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, 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 the result of any such claim.

_____ **Printed name of Parent/or Legal Guardian**

_____ **Date**

_____ **Signature of Parent/or Legal Guardian**