

REGISTRATION FORM

All Around Gymnastics
5500 McGinnis Ferry Rd.
Alpharetta, GA 30005
www.allaroundgym.com

Parent/Guardian Information

Mother's Name (First) _____ (Last) _____

Father's Name (First) _____ (Last) _____

Address _____

City _____ Zip Code _____ Home Phone _____

Mother's Work # _____ Cell # _____

Father's Work # _____ Cell # _____

Email _____

Emergency Contact _____ Ph # _____

Family Physician _____ Ph # _____

() Please call our physician in case of emergency when we cannot be contacted.

Student Information

Student's Name _____ Birth date ___/___/___ Age _____ M or F

Student's Name _____ Birth date ___/___/___ Age _____ M or F

Student's Name _____ Birth date ___/___/___ Age _____ M or F

Allergies/Medications/Health Concerns _____

Insurance Co. _____ Member ID _____

How did you hear about us? _____

Students may attend classes when we receive this signed Registration Form and payment in full.

In consideration of participating in gymnastics training and competition (collectively the “Activity”) at All Around Gymnastics, Inc. including the use of all equipment and inflatables, I represent that both my child and I understand the nature of this Activity and that he or she is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions to be unsafe, I will immediately remove my child from participation in the Activity. I fully understand that the Activity involves risks of very serious bodily injury which may be caused by my child’s actions or inactions, the actions or inactions of others participating in the Activity (including the Releasees named below) and the conditions in which the Activity takes place; 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 responsibility for losses, costs and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, hold harmless, and covenant not to sue All Around Gymnastics, Inc., its administrators, owners, 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 any of the “Releasees” or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes 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 occur 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 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.

The undersigned gives permission to All Around Gymnastics, Inc., its owners, operators, staff or agents to seek medical treatment for the participant in an emergency, in the event they are not able to reach a parent or guardian. I warrant that I have disclosed any physical/mental problems, restrictions, or condition of the participant and/or declare the participant to be in good physical and mental health.

Signature of Parent/Legal Guardian

Date