



**PRESCHOOL GYMNASTICS
Registration & Liability Release**

2020 Session 1: 8 Week Session

March 26th – May 19th

Tuesdays OR Thursday's: 4:15PM–5PM

Located @ Altitude Fitness in the Aerobics Room

Parent/Guardian Information

Parent/Guardian _____ Home # _____ Cell/Work # _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Emergency Contact Name: _____ Phone _____

How did you hear about us? _____

Student Information

Name _____ DOB ____ / ____ / ____ Age _____

Name _____ DOB ____ / ____ / ____ Age _____

Name _____ DOB ____ / ____ / ____ Age _____

I hereby declare any physical problems or restrictions: I am also listing any special conditions of any kind as well as any medications my child may need during physical activity. I am including medical conditions and/or allergies. _____

Amount Due: \$40 (\$20 per additional child)

Amount Paid: _____

Preferred Day: ____ Tuesday ____ Thursday ____ No Preference

*** ASSUMPTION OF RISK ***

_____ I recognize that severe injuries, including permanent paralysis or death, can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, and ball sports. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all PRESCHOOL GYMNASTICS programs and activities in conjunction with ALTITUDE COMMUNITY FITNESS and I ACCEPT ALL RISKS associated with any activities or participation.

*** WAIVER OF LIABILITY ***

_____ In consideration for my child or children's participation, I hereby, for myself and my child(ren) and our respective heirs and successors PROMISE NOT TO SUE and FOREVER RELEASE PRESCHOOL GYMNASTICS programs and activities in conjunction with ALTITUDE COMMUNITY FITNESS, its officers, directors, shareholders, employees, contractors, and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

*** MEDICAL AUTHORIZATION ***

_____ In the event of an accident or emergency I hereby authorize my child(ren) to be transported for medical treatment and I hold PRESCHOOL GYMNASTICS and ALTITUDE COMMUNITY FITNESS and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of injury sustained while participating at or for PRESCHOOL GYMNASTICS and ALTITUDE COMMUNITY FITNESS.

*** PHOTO RELEASE ***

_____ I am aware that individual and group publicity photos and videos are taken from time to time and in considerations for my child or my children's participation I hereby grant my permission for my child's likeness to be used in PRESCHOOL GYMNASTICS and ALTITUDE COMMUNITY FITNESS publicity or advertising.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORAIZATION and PHOTO RELEASE and I VOLUNTARILY affix my name in agreement.

Parent/Legal Guardian:

Print Name _____

Signature _____

Date _____

ACF Staff: _____ Entered MB: _____ Scanned: _____ Date: _____