

Phoenix Gymnastics, LLC

Registration

Form

1490 Torrey Rd., Fenton, MI 48430

Phone: (810) 629-0922

Billing Information

Please Print Clearly

Name: _____ M / F Date of Birth: _____

Resp. Party: _____ Mother _____ Father _____ Other

Address: _____

Home Phone: () _____ Parent Cell Phone: () _____

Emergency Phone: () _____ Name of Emergency Contact: _____

Physician () _____ Name of Physician: _____

Medical Conditions: _____

Hospital Preferred: _____

Name of Friend you came with: _____

Other Children in Family: _____ M / F Date of Birth: _____

Medical Conditions: _____

Other Children in Family: _____ M / F Date of Birth: _____

Medical Conditions: _____

- Registration is not complete without full payment.
- No class participation without full payment.
- Classes are filled on a first-come first-serve basis.

ASSUMPTION OF RISKS/WAVIER OF LIABILITY: As the legal guardian of the above mentioned person(s), I am fully aware of the potential dangers, including permanent paralysis or death, which can occur in any sport or activity involving height or motion. I am fully aware that these "height or motion" activities are inherent to the programs of Phoenix Gymnastics, LLC, and I voluntarily ACCEPT ALL RISKS and give my consent for my child(ren) to participate. I further recognize that the above mentioned person(s) is/are qualified, in good health, and in proper physical condition to participate in any and all programs offered by Phoenix Gymnastics, LLC. These programs include, but are not limited to, gymnastics, tumbling, trampolines, inflatables and cheerleading. In consideration for allowing my child to participate in the above mentioned programs/activities, I, on the behalf of myself, my child(ren), our respective heirs, administrators, executors, and successors, hereby RELEASE, DISCHARGE, COVENANT NOT TO SUE and AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS Phoenix Gymnastics, LLC, its owners, officers, directors, employees or other representatives, whether paid or volunteer, from all liability, claims, demands, losses or damages suffered by my child(ren) while under the care, instruction or supervision of Phoenix Gymnastics, LLC. I am fully aware that it is my responsibility to warn the above mentioned person(s) of the potential dangers inherent to the programs offered by Phoenix Gymnastics, LLC, and will do so according to my level of concern. If, at any time, I believe activity conditions are unsafe, I will immediately instruct my child(ren) to discontinue participation in the activity.

PERMISSION TO TREAT: I acknowledge that Phoenix Gymnastics, LLC, staff members are not physicians or medical practitioners. I grant permission to Phoenix Gymnastics, LLC, staff members to provide temporary first aid in the event of injury or illness, and if deemed necessary to seek medical help including calling of an ambulance for the above mentioned person(s). I acknowledge that the above mentioned person(s) are in good health and have adequate medical insurance coverage while enrolled at Phoenix Gymnastics, LLC. I agree to provide for all medical expenses incurred by my child as a result of any injury sustained while participating at Phoenix Gymnastics, LLC.

PERMISSION TO USE PHOTO: I grant permission to Phoenix Gymnastics, LLC, to use photographs and videos of my child for use in print or broadcast media as deemed appropriate for the promotion of Phoenix Gymnastics, LLC.

Print Name: _____ E-Mail: _____