



REGISTRATION FORM

1) STUDENT'S NAME: DATE OF BIRTH: / / SEX: AGE:

2) STUDENT'S NAME: DATE OF BIRTH: / / SEX: AGE:

HOME ADDRESS:
STREET CITY STATE ZIP

PARENT/LEGAL GUARDIANS NAME:

ADDRESS: (IF DIFFERENT FROM CHILD):

HOME PHONE: OTHER (WORK OR CELL):

EMAIL:

EMERGENCY CONTACT OTHER THAN YOURSELF:
NAME PHONE RELATIONSHIP

Please list any facts concerning your child's medical history to which a physician, instructor, or director should be alerted to: allergies, medications, physical impairments or limitations, other:

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THERE IS AN ANNUAL MEMBERSHIP FEE OF \$30/FAMILY

PARENT/LEGAL GUARDIANS SIGNATURE: DATE:

JUNEBUG'S GYM ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION:

As the legal guardian of the persons listed above, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of the dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Junebug's Gym, programs and activities, and **I ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing the above mentioned person(s) to obtain tumbling instruction, I, on my own behalf and the behalf of the above mentioned person(s) and our respective heirs, administrators, executors, and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Junebug's Gym, its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by the above mentioned person(s) while under instruction, supervision, or control of Junebug's Gym, including without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In the event of an emergency, I would like the above mentioned person(s) to be taken to a hospital for medical treatment and I hold Junebug's Gym and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future expenses, which may be incurred by my child as a result of any injury sustained while participating in Junebug's Gym. I have read and understand the **ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION** and I voluntarily affix my name in agreement.

PARENT/LEGAL GUARDIANS SIGNATURE: DATE: