



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:
.....
.....

THERE IS AN ANNUAL MEMBERSHIP FEE OF \$40/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:

Waiver for Parental Participation

RELEASE OF LIABILITY AND INDEMNIFICATION

I am aware that gymnastics is a dangerous activity that could result in injury, paralysis, or even death. I assume all risks of injury or loss to myself or my child arising from the above activity. If the participant is a minor, I also give my permission for his/her participation in the above activity, and for any necessary medical treatment.

Participants involved in JuneBug's Gym programs/activities may be photographed and such photographs may be used to publicize JuneBug's Gym, programs/activities.

I authorize my child to be photographed. YES _____ NO _____

In exchange for my child being allowed to participate in the above activity, I release, discharge, and agree to indemnify and hold harmless JuneBug's Gym, its employees, officers, or agents (the "Released Parties") from any liability, loss or damage, including, but not limited to, that arising from the negligence of any of the Released Parties, which may result to me or any minor child of mine.

Child's Name: _____

Parent's Name: _____

Parent/Guardian Signature: _____