

Name: _____ Sex _____ Age: _____ DOB _____
 Address: _____ School: _____
 City: _____ Phone: _____ Cell: _____
 Mother/Guardian _____ Father/Guardian _____
 Mother Occupation (Opt) _____ phone: _____
 Father Occupation (Opt) _____ phone: _____
 Email: _____ @ _____ May we invoice via email? _____

1st class: _____ Day: _____ Time: _____

2nd day is discounted _____ Time: _____

We the parents of _____ understand that this is a faith based facility. There will be discussions of God, Christian Music played, Christian movies shown, and good Character choices discussed along with devotions in this gymnastics facility.

Registration fee: \$ _____ Tuition: _____ Method of payment: _____

Payments are due by the 5th of the month-late fee of \$10.00 after the 5th - \$35.00 return check fee; Your child's spot is reserved for his/her class- there is a 30 day notice to drop class.

Payment type & amount _____

Parent Signature: _____

Dual Waiver (please sign all signature lines)

Name of Child/participant: _____

Name of parent or adult participation: _____

I (we) despite all reasonable precaution implemented for safety, am(are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby, for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against Chapin Christian Gymnastics, its coaches/instructors/volunteers and building's owners (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned from negligence, by reason of participation or membership in classes, lessons or any programs or activities of Chapin Christian gymnastics.

Parent signature or Participant signature (if over 18)

Date:

Minor Release

Name of Parent/guardian: _____

I, the minor's parent and or legal guardian, understand the nature of these activities , and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the release's from all liability, claims, demands, losses, or damages on the minor's account, including negligence. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost that may incur as the result of any such claim.

Signature of Parent or Guardian

Date:

Permission to Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence. I understand that I am responsible for all medical costs.

Signature of Parent or Guardian

Date:

Permission to Use Picture (optional)

I hereby give my permission for the registrant to be photographed and the images used in promotional materials, news releases and other published formats for Chapin Christian Gymnastics.

Signature of Parent or Guardian

Date: