

Chapin Christian Gymnastics and Fitness, LLC (CCGF)-Registration and Waiver
803-414-0707 email: chapinchristiangym@gmail.com

Participant's 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 _____ Day: _____ 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 7th 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- is a **30 day written notice required to drop class(es)**.

Parent Signature: _____

Dual Waiver (please sign all signature lines)

Name of Child/participant: _____

Name of parent or adult participation: _____

I (we) despite all reasonable precautions 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, (we) the minor's parent(s) and or legal guardian(s), 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 _____

I, (we) the minor's parent(s) and or legal guardian(s) understand that Chapin Christian Gymnastics is NOT liable for the contraction of any of the following but not limited to Virus, Bacteria or any Communicable Diseases, whether actual or alleged transmission while participating in activities at Chapin Christian Gymnastics

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 _____