

Gymnastic World of Naples Student Registration Form

Child 1 Info:	_____	M / F	_____	_____
	Last Name		First Name	Date of Birth (Mo/Da/Yr)
				Age
Child 2 Info:	_____	M / F	_____	_____
	Last Name		First Name	Date of Birth (Mo/Da/Yr)
				Age
Child 3 Info:	_____	M / F	_____	_____
	Last Name		First Name	Date of Birth (Mo/Da/Yr)
				Age

Parent / Guardian Information

Parent / Guardian 1: _____

Address: _____

City: _____, State: _____ Zip: _____

Cell Number: _____ Work _____

Home Number: _____

Email: _____

Parent / Guardian Information

Parent / Guardian 2: _____

Address: _____

City: _____, State: _____ Zip: _____

Cell Number: _____ Work _____

Home Number: _____

Email: _____

Emergency Contact (if parents unavailable): _____

First and Last Name	Relationship	Phone #
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Family Physician: _____ **Phone #:** _____

Special Medical Conditions/Allergies: (Indicate which child) _____

How did you hear about us? (Circle all that apply) **Yellow Pages** † **Web Site** † **Birthday Party** † **Friend**
Parent Child Magazine † **Neapolitan Magazine** † **Other** _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the Activities of Gymnastics World USA, Inc. doing business as Gymnastic World Naples, I represent that I understand the nature of this Activity and that my child is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue my child’s participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my child’s actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages my child incurs as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Gymnastics World USA, Inc. doing business as Gymnastic World Naples, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my or my child’s behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

AUTHORIZATION FOR USE OF PHOTOS IN ADVERTISING PURPOSES ONLY

Gymnastic World USA, dba Gymnastic World Naples has the absolute right and permission to use my children’s photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, CD-ROM, Internet, web site, etc.), or other form of promotion. I release Gymnastic World USA dba Gymnastic World Naples, the photographer, their office, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use and from any and all claims arising out of the use of such photos. I am above the age of 18 and the parent or legal guardian of the above mentioned children. I have read the foregoing document and fully understand its contents.

RULES AND POLICIES STATEMENT

By enrolling my child in the Gymnastics Recreation Program, I recognize that I am obligated to follow the rules and policies of the program. I will also ensure that my children understand and adhere to the rules and safety policies listed in brochure/posting & my child understands they MUST follow any staff instructions. Also, I understand that:

1. I pay for my child’s spot in his/her class, NOT by their attendance and there is NO pro-rating due to lack of attendance.
2. Gymnastic World Naples reserves the right to remove my child from class for non-payment.

Printed name of Parent/or Legal Guardian	Signature of Parent/or Legal Guardian	Date
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All monies collected by Gymnastic World USA, Inc. for any service or product are non-refundable.

FOR OFFICE USE ONLY

Trial Date _____ **Class** _____ **Day** _____ **Time** _____ **Instructor** _____

Trial Payment _____ **Tuition & Registration Payment** _____