

# SOUTH FLORIDA GYMNASTICS

REGISTRATION FORM- PLEASE PRINT

STUDENT NAME: \_\_\_\_\_ M/F: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STUDEN BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ STUDENT'S AGE: \_\_\_\_ SCHOOL: \_\_\_\_\_

FATHER & MOTHER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

MOTHER / FATHER DL# OR SS #: \_\_\_\_\_

ANY MEDICAL PROBLEMS WE SHOULD BE AWARE OF: \_\_\_\_\_

PRIMARY HEALTH CARRIER: \_\_\_\_\_

TYPE OF PAYMENT (Please circle one):                      AUTO PAYMENT                      MANUAL PAYMENT

HOW DID YOU HEAR ABOUT US?    FRIEND                      WEBSITE                      PHONE BOOK                      FLYER                      OTHER

In consideration of this agreement of **South Florida Gymnastics** (hereinafter SFG) to accept my child(ren) (hereinafter participant) as a participant in **SFG** activities, the parent or legal guardian of said participant hereby states that they understand that any activity involving height, motion, or rotation in an unique environment may cause the possibility of accidental injury, paralysis and even death. The undersigned voluntarily assume the risk of such injury to participant, his or her heirs, executors, successors and assigns from any and all liability, actions, claims and causes of action whatsoever on account of or in any way related to the participant or participant in **SFG** activities and does hereby agree to fully indemnify **SFG** for any medical expenses or other damages resulting from any such accidental injury to participant while training or performing at or for **SFG**.

I further agree that **SFG**, and the sponsor of any **SFG** event along with employees, agents, officers, directors, and owners of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event. I assume all risk associated with participation in the sport of gymnastics and/or dance, including any accidental injury that may be sustained as a result of, or incidental to gymnastics or dance instruction, now or any time in the future, seen or unforeseen. I hereby release **SFG**, its owners and employees, jointly and separately, from any and all personal injury claims arising through or from participation in gymnastics and dance for your child's benefit.

On many occasions newspapers, TV stations, etc., will visit **SFG**. They often take pictures or videos of our classes or teams. Signing this release will include giving permission for us to possible use you or your child's picture in promotion and advertising for the gym. It is understood that no compensation will be given by the gym or by the user of such picture.

\_\_\_\_\_, I, THE UNDERSIGNED, AGREE TO PAY MONTHLY TUITION ON OR BEFORE THE 1<sup>ST</sup> OF EACH MONTH. IN THE EVENT THAT SAID AMOUNT IS NOT RECEIVED ON OR BEFORE THE 1<sup>ST</sup> OF EACH MONTH, I AGREE TO PAY A \$10.00 LATE FEE THAT SHALL BE APPLIED BY THE 10<sup>TH</sup> OF EACH MONTH.

\_\_\_\_\_, I, THE UNDERSIGNED, AGREE THAT I MAY WITHDRAW FROM THE PROGRAM UPON A **WRITTEN NOTICE** TO SFG SAID NOTICE SHALL BE RECEIVED BY SFG OFFICE 30 DAYS PRIOR TO WITHDRAWAL. **VERBAL WITHDRAWALS ARE NOT ACCEPTED. WITHDRAWAL FORMS ARE LOCATED AT THE FRONT DESK.**

**For any participant that is not yet 18 years old:** As a legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by **South Florida Gymnastics**.

**By voluntarily signing this agreement/wavier, I agree to the above statements and content and understand completely South Florida Gymnastics policies and agree to adhere to them.**

\_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## OFFICE USE ONLY

CLASS: \_\_\_\_\_

SKILL CHART GIVEN: \_\_\_\_\_

ENTERED: \_\_\_\_\_

CALENDAR GIVEN: \_\_\_\_\_

PAID: \_\_\_\_\_