



Online Registration Form

How did you hear about us? _____

Student Name: _____ Age: _____ DOB: ___/___/___ M/F _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Allergies/ Medical Conditions: _____

Mother's Name: _____ Father's Name: _____

Cell Phone Mother: _____ Cell Phone Father: _____

Work Phone Mother: _____ Work Phone Father: _____

Insurance Company: _____ Policy#: _____

Emergency Contact: _____ Phone: _____

Terms and Conditions

Rules & Guidelines: I have read the "Rules and Guidelines" of Saddle Rock School of Gymnastics and affix my name in agreement. Refund Policy: I understand Saddle Rock School of Gymnastics offers No Refunds once a session has started. Late Tuition: I understand that late tuition may be subject to a \$10.00 late fee.

Parent/Guardian Signature: _____ Date: ___/___/___

Assumption of Risk/Waiver of Liability

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk can NOT be eliminated. Risk can be reduced, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. I have read and been forewarned and understand the Assumption of Risk, and Waiver of Liability and I Voluntarily accept the risk and affix my name in agreement.

Parent/Guardian Signature: _____ Date: ___/___/___

For Office Use Only:

Class: _____ Day: _____ Time: _____ Reg. Date: ___/___/___