

ENROLLMENT FORM: Please fill out one form per student. For families with multiple children to register please enter the registration fee on the eldest child's form.

NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____ SCHOOL: _____

Phone Numbers

PARENTS: Mom: _____ (Home) _____ (Work) _____ (Cell) _____

Dad: _____ (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

EMERGENCY CONTACT INFO:

Name and Relationship: _____ Phone #: _____

MEDICAL LIMITATIONS/ ALLERGIES: _____

Student's Physician: _____ Phone #: _____

Preferred Hospital: _____ Primary Medical Insurance Carrier _____
Insurance # _____

Tri-Town Waiver and Parents, Students and Coaches/Instructor Understanding:

I am 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 a gymnastics. I release Tri-Town Gymnastics, Centre along with the employees, agents, officers and directors of Tri-Town Gymnastics, Centre (collectively the "Released Parties") from any claims, losses or damages arising from or in any way connected with my participation in gymnastics, including claims, losses or damages arising from or occurring as a result of the negligence of any one of the Released Parties, but not including losses or damage as a result of the intentional or reckless conduct of any one of the Released Parties.

Parent Signature: (for minors) _____ Date: _____

Parent Signature: _____ Date: _____

(For adults in Parent/Child Classes)**An additional adult waiver will need to be signed the first day of class.**

****Note: Effective Immediately, we are asking NO PARENTS or ADULTS, other than coaches or instructors be allowed on the trampolines, tumble tracks or inflatable devices.**

CLASS LEVEL: _____

GIRL: _____ **BOY:** _____

CLASS DAY(S): _____

CLASS TIME: _____

CIRCLE: **Pre-School** **Gymnastics**

Registration Fee: (\$30.00)	\$
Insurance Fee : (\$35.00)	\$
First Monthly Payment	\$
Total Payment	\$

Photo permission? Circle YES or NO

I, hereby, verify the above information is correct and I understand my financial obligations to Tri-Town Gymnastics, Centre.

I understand that a 30 day written notice is required for discontinuing classes.

signed X _____ (Parents/Guardian) Date: _____

I would like to make a one time payment in the amount of _____. For recurring, please see the office for a form.

Card: ___ Visa ___ Mastercard ___ Discover ___ AMEX Expiration Date: _____

Card Number: _____ CVV (3 digit or 4 digits AMEX): _____

Billing Address statement mailed to (required): _____

Cardholder Signature: _____ Date: _____

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

In consideration of participating in the pre-school, gymnastic, or tumbling classes at **TRI-TOWN GYMNASTICS, CENTRE** I represent that I understand the nature of this Activity and that I am 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 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 own actions, or inactions, those of others participating in the event, 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 I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue **TRI-TOWN GYMNASTICS, CENTRE**, 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 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 only 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 if 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.

Print name of participant

Date

Signature of participant

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified 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 Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasee or otherwise, including negligent rescue operations, and further agree that if, despite this release, I the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Print name of Parent/ or Legal Guardian

Date

Signature of partner/ or Legal Guardian