



## Participant Registration Form

Before participation in any activity, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years of age. Participant's signature is required if 18 years of age or older and is helpful when age-appropriate.

Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Boy  Girl

Mother's Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Legal Guardian(s) Name, if applicable \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Are there any medical conditions, allergies, or special needs of which we should be aware? Check One:  Yes  No

If yes, please explain: \_\_\_\_\_

Has the participant had a physical examination in the last three years? ? Check One:  Yes  No

**\*Motion Gymnastics & Tumbling Center** recommends that every student complete an annual physical examination.\*

Physician's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Group# \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Has your child taken any other gymnastics, tumbling, or acrobatics classes? Check One:  Yes  No

If yes, please describe experience: \_\_\_\_\_

**Class** interested in taking: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

If there is a day or time not listed that would work better for you, please suggest: \_\_\_\_\_

May we use your child's photo on our website, facebook page, or in advertisements? Names will not be disclosed, unless parental permission is granted. Check One:  Yes  No

Eligibility to participate in class at **Motion Gymnastics & Tumbling Center** requires a completed Participant Registration Form with release of liability, a consent to treatment form, and full tuition on or before the first day of class.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If participant is not yet 18 years old, at least one parent or legal guardian of such person also must sign.

**I certify that the information provided is correct.**

\_\_\_\_\_  
Printed Name of Parent/Guardian                      Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Printed Name of Parent/Guardian                      Signature of Parent/Guardian                      Date



**LIABILITY WAIVER AND RELEASE:** Prior to participation, this form must be signed by at least one of the participant’s parents or legal guardians, if the participant is not yet 18 years old. Participant’s signature is required if 18 years of age or older and are helpful when age appropriate.

Name of participant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Other Parent/Guardian Name (print): \_\_\_\_\_

In consideration of **Motion Gymnastics & Tumbling Center** allowing the participant to participate in sports activities, classes, team, including non-gymnastics activities such as dance, cheerleading, swimming, and playground activities (herein after referred to as the “Activity”), I and if I am not yet 18 years old my parents or legal guardian, agree to be bound as follows (the term “I” in this release refers to both the participant and his or her parents or guardians):

**Acknowledgment and Assumption of Risks.** I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the participant’s actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the “Released Parties” named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost, and damages that may result from the Activity. I hereby give my approval of and consent to the participant’s participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity.

**Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the participant is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the participant, then it will be my responsibility immediately to discontinue the participant’s participation in the Activity.

**Release.** I hereby release, acquit, covenant not to sue, and forever discharge **Motion Gymnastics & Tumbling Center**, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the “Released Parties”) of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the participant’s participation in the Activity and the transportation of the above named participant to and from the Activity (collectively the “Released Claims”).

**Indemnification.** I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney’s fees (including the cost of any claim I might make or that might be made on my behalf or the participant’s behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.

I have read the Policies and Procedures for parents, spectators, and participants in the Activity and/or the Team Handbook, and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard.

**I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, AND CUSTODIAL PARENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## Consent to Treatment Form

Prior to participation, this form must be signed by at least one of the participant's parents or legal guardians, if the participant is not yet 18 years old. Participant's signature is required if 18 years of age or older and are helpful when age appropriate.

Name of participant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Other Parent/Guardian Name (print): \_\_\_\_\_

In consideration of Motion Gymnastics & Tumbling Center allowing the participant to participate in sports activities, classes, team, including non-gymnastics activities such as dance, cheerleading, swimming, and playground activities (herein after referred to as the "Activity"), I and if I am not yet 18 years old my parents or legal guardian, agree to be bound as follows (the term "I" in this release refers to both the participant and his or her parents or guardians):

I authorize Motion Gymnastics & Tumbling Center to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the participant require, such assistance, transportation or services as a result of injury or damage related to participation in the Activity. If the participant is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached. The parent or guardian's phone number is as follows \_\_\_\_\_.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for the participant's protection. This consent shall remain effective until one year from the date below unless sooner revoked in writing and delivered to Motion Gymnastics & Tumbling Center, 300 Industrial Park Road, Farmville, VA 23901.

I HAVE READ AND UNDERSTOOD THIS CONSENT TO TREATMENT AND AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_