

GRANITE CITY GYMNASTICS REGISTRATION, WAIVER, AND RELEASE FORM

Please fill out all of the information listed below. Thank you!

Student Information:

Student 1.	_____	Birth Date	_____	Start Date	_____
Class Enrolling In	_____	Day	_____	Time	_____
Student 2.	_____	Birth Date	_____	Start Date	_____
Class Enrolling In	_____	Day	_____	Time	_____

Parent/Guardian Information:

Father's Name	_____	Phone (H)	_____	(W)	_____	(C)	_____
Mother's Name	_____	Phone (H)	_____	(W)	_____	(C)	_____
Street Address	_____	City	_____	State	_____	Zip	_____
Email Address	_____						

Payment Information:

***There are no refunds given for families who choose not to finish a full twelve week session.**

Student 1 Session Fee \$	_____	Student 2 Session Fee \$	_____		
Amount of Payment \$	_____	Date payment was received	_____	Form of Payment	_____

Alternate Emergency Contact Information:

Name	_____	Relationship to Child	_____
Phone (H)	_____	(C)	_____

Insurance Information:

Insurance Company	_____
Policy Number	_____
Policy Holder	_____
Relationship to Child	_____
Place of Employment	_____

Other:

Allergies	_____
Medications	_____
Family Physician	_____
Physician's Phone Number	_____

We, the staff of Granite City Gymnastics, recognize our obligation to make our students and parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, trampoline, tumbling and dance can be dangerous and can lead to injury.

As parents/guardians I agree and promise to hold harmless and indemnify Granite City Gymnastics or its employees in connection with any claims for personal liability, property damage, etc.

As parents/guardians, I fully understand that Granite City Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Granite City Gymnastics Staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Granite City Gymnastics Staff to call our doctor and to seek medical help, including transportation by a Granite City Gymnastics staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for the child should the Granite City Gymnastics staff deem this to be necessary.

Parent/Guardian Signature: _____ Date: _____