



## 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 old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Participant's Name: \_\_\_\_\_ Gender:  Male  Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Program: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

It is important that we have your e-mail address as much of our announcements and communications are made via e-mail.

Emergency Contact (Name) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Are there any medical conditions of which we should be aware? Check one:  Yes  No

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

\_\_\_\_\_

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

**Oxford Hills Gymnastics** recommends that every student complete an annual physical examination.

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

May we use the gymnast's photo on our website or in advertisements? Check one:  Yes  No

Eligibility to participate in class at **Oxford Hills Gymnastics** requires a completed gymnast Registration Form with *Release of Liability* and *Full Tuition and fees* paid before the first class.

If gymnast is not yet 18 years old, at least one parent or legal guardian of such person also must sign. We certify that the information provided above is correct.

\_\_\_\_\_  
*Printed Name of Parent / Guardian*

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Parent / Guardian*

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

\_\_\_\_\_  
*Date*

**LIABILITY RELEASE AND INDEMNIFICATION:** 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 signatures are required if 18 years of age or older and are helpful when age-appropriate.

In consideration of *Oxford Hills Gymnastics* allowing the gymnast to participate in sports activity, class, competition, team, including non-gymnastic activities such as dance, cheerleading and open gym activities (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old, my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians):

**(1) Acknowledgement 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 gymnast's actions or interactions, 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 gymnast's participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity.

**(2) Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the gymnast 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 gymnast, then it will be my responsibility immediately to discontinue the gymnast's participation in the Activity.

**(3) Release.** I hereby release, acquit, covenant not to sue, and forever discharge *Oxford Hills Gymnastics*, 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 actions, 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 gymnast's participation in the Activity and the transportation of the above named gymnast to and from the Activity (collectively the "Released Claims").

**(4) 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 gymnast'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 ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE AND INDEMNIFICATION. 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.**

Gymnast	Date
Signature of Parent / Guardian	Date
Signature of Other Parent / Guardian	Date

Please check the membership option you choose:		_____ membership
____ Bronze Membership (\$37/yr)	+	_____ tuition
____ Silver Membership (\$57/yr)	=	_____ total due
____ Gold Membership (\$77/yr)	Contact us if you wish to make installation payments for tuition.	