

DESERTGYMCATS PERFORMER/ACROBAT REGISTRATION FORM

First Name _____ Last Name _____ Sex _____ Birthdate _____
Address _____ City _____ State _____ Zip _____
Cell phone number _____ Home phone number _____ Preference? (circle: C or H)
Email _____ (Never shared—only for gym communication)
Alternate Email _____ (print carefully, please)
Driver's License Number _____

Emergency Contact Information:

Name _____ Relationship to Me _____ Telephone _____
Address _____ City _____ State _____ Zip _____

Waiver, Acknowledgement of Risk & Medical Authorization: As a performer/acrobat, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death, can occur in sports or activities involving height or motion including but not limited to gymnastics, tumbling, trampoline, acrobatics, aerobics, dance and cheerleading. Being fully aware of these dangers, I voluntarily accept all risks associated with my participation in any activities at Desert Gymcats. I am aware of the possibility of injury and promise to follow all safety rules. I am also aware that the gym area is for participants only and that if I enter the gym, I am doing so at my own risk. In consideration for using these facilities, I assume all risks associated with the activities mentioned above and agree to hold Desert Gymcats, its staff or representatives harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever, which may arise in connection with participation in gymnastics, tumbling, trampoline, acrobatics, aerobics, dance and cheerleading, or in the course of any exhibition, competition or clinic in which I may participate or while traveling to or from the event. In the event of an emergency, I hereby release Desert Gymcats' staff or representatives to render temporary first aid to myself in the event of any injury or illness and, if deemed necessary by Desert Gymcats staff or representatives, to render temporary first aid including transportation to any healthcare facility or hospital or the calling of an ambulance for myself, should Desert Gymcats staff or representatives deem this necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses which I may incur as a result of any injury sustained while participating at or for Desert Gymcats. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance which I consider adequate for my own protection. I have read and understand this acknowledgement of risk, waiver of liability and medical authorization and I voluntarily affix my name in agreement.

Signature _____ Date _____

Financial Obligation: I assume responsibility for meeting the appropriate payment schedule. Payments are due prior to entering the gym. Any participant registered for a day or a month is obligated for that entire fee. I have read the above and by signing this form, I am agreeing to the payment schedule outlined above.

Signature _____ Date _____

Insurance Information: I hereby guarantee that I am insured and that my insurance information has been presented to Desert Gymcats administrators. I consent to having my insurance information recorded by Desert Gymcats administrators.

Signature _____ Date _____

Video/Picture Release: I understand that my picture or video may be used within promotion of Desert Gymcats through its website or social media pages. I understand that if requested the video or picture will be removed immediately. I will not hold Desert Gymcats liable for any issues that arise due to this picture/video being used.

Signature _____ Date _____

Chronic Medical Condition(s): So that we may be aware of any and all possible medical and/or behavioral complications that you may experience, we require you to list them below followed by your signature. Please include allergies or any information we should know about. Use the blank space below if additional space is needed.

Signature _____ Date _____