

# Trial Class Waiver

## REGISTRATION FORM

Student Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Conditions or Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

In a Medical Emergency, Hospital Choice:

Aria

St. Marys

Other

**WAIVER & RELEASE:**

I AM FULLY AWARE OF, AND APPRECIATE THE RISK , INCLUDING SERIOUS INJURY, AS WELL AS OTHER DAMAGES & LOSSES ASSOCIATED WITH PARTICIPATION IN GYMNASTICS & OR OTHER ACTIVITY. I FURTHER AGREE JOEL BABA'S SCHOOL OF GYMNASTICS INC. ALONG WITH EMPLOYEES & DIRECTORS SHALL NOT BE LIABLE FOR ANY LOSES, INJURIES, OR DAMAGES AS A RESULT OF MY CHILD'S PARTICIPATION IN THESE EVENTS.

Parent Printed Name: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_