

**Student Information  
Gymnastics  
REGISTRATION**



**Corinth Gymnastics, Inc.**

1402 N. Corinth, Suite 106  
Corinth, Texas 76208  
940-498-4FUN (4386)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 e-mail Address: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ and / or Social Security Number \_\_\_\_\_  
 Child lives with: Both parents \_\_\_\_\_, Mother \_\_\_\_\_, Father \_\_\_\_\_, Other \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Child's previous gymnastics experience: (describe briefly) \_\_\_\_\_

**Person to call in an emergency if parent / guardian cannot be contacted:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
 Important medical information \_\_\_\_\_

**How did you hear about us?**

Driving by..... [ ]  
 Newspaper .. [ ]  
 Yellow Pages..... [ ]  
 Internet . [ ]

Other \_\_\_\_\_  
 Referred by \_\_\_\_\_  
 \_\_\_\_\_

Team tuition fees are due on the 25<sup>th</sup> day of each month for the following month. There will be a \$12.00 late fee for payments received after the 5<sup>th</sup> day of the month.

Quarterly recreational fees are due as posted. Please reference the information posted in the office for priority registration dates on returning students. Only those students having a paid enrollment each term have secure placement in their class.

**OFFICE USE ONLY:**  
 Reg. Pd [ ] Policies [ ] Waiver [ ]  
 Class [ ] / Team [ ]  
 Class \_\_\_\_\_  
 Class day/days \_\_\_\_\_  
 Time \_\_\_\_\_  
 Team Level \_\_\_\_\_  
 USGA# \_\_\_\_\_  
 Processed By \_\_\_\_\_

Waiver and Release  
**REGISTRATION**



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**Read the following carefully and sign below.**  
**NOTE: Parent/Guardian signs if student is under 18.**

**Activities Waiver and Release**

I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities.

I agree to comply with the rules and policies of Corinth Gymnastics, Inc.

I will only participate in those Corinth Gymnastics, Inc. classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have received training in class.

I hereby give my consent to Corinth Gymnastics, Inc. and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.

I further agree that Corinth Gymnastics, Inc. and the sponsor of any Corinth Gymnastics, Inc. event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, including but not limited to damage claims for personal injury or death, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Corinth Gymnastics, Inc. its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of Gymnastics, Tumbling, Cheerleading, Acrobatic Arts, or Dance instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Corinth Gymnastics, Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Corinth Gymnastics, Inc. and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Corinth Gymnastics, Inc. will only warn the child through "Safety Messages" and our teaching style and progressions.

**For any athlete who is 18 years old or older:**

\_\_\_\_\_  
Printed name of Student                      Signature of Student                      Date

**For any athlete who is not yet 18 years old:**

As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Corinth Gymnastics, Inc.

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

Photo Release and Waiver  
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**Read the following carefully and sign below. NOTE: Parent/Guardian signs if student is under 18.**

I, \_\_\_\_\_ (Student's printed name), do hereby give **Corinth Gymnastics, Inc.** its assigns, licenses, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait or photograph in all forms and media and in all manner, for advertising, trade or any other lawful purpose for the benefit of **Corinth Gymnastics, Inc.** only. I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a web site that may be created in connection therewith. I understand that **Corinth Gymnastics, Inc.** cannot control the unauthorized use by persons other than **Corinth Gymnastics, Inc.** of my name or image once such name or image is published. Any claim I may have concerning unauthorized publication of my name and image must be pursued by me against the unauthorized user. **Corinth Gymnastics, Inc.** disclaims any responsibility for such unauthorized use of my published name or image.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this release and waiver.

For any athlete who is 18 years old or older:

\_\_\_\_\_  
Printed name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Consent**

If student is under the age of 18, his or her parent or legal guardian must sign.

I, \_\_\_\_\_ (Parent/Guardian printed name), am the-parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating as described above, and I fully enter into and agree to the above Release and Waiver and forever waive any rights therefore.

\_\_\_\_\_  
Printed name of Parent/Guardian

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

\_\_\_\_\_  
Date