

DESERT GYMCATS REGISTRATION FORM

1st Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_\_

2nd Child First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_\_

3rd Child 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)

Mother’s Name \_\_\_\_\_ Cell \_\_\_\_\_ Driver’s License # \_\_\_\_\_

Father’s Name \_\_\_\_\_ Cell \_\_\_\_\_ Driver’s License # \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Telephone \_\_\_\_\_

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

**Waiver, Acknowledgement of Risk & Medical Authorization:** As legal guardian of the above children, 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 consent to the aforementioned children participating in any and all of Desert Gymcats’ programs and activities and accept all risks associated with that participation. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coach’s instruction. 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 allowing my child to use these facilities, I on my own behalf and the behalf of my child(ren) do hereby 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 he/she 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 my child(ren) 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 said child(ren) should Desert Gymcats staff or representatives deem this necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child 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 both my child’s protection and 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.

**Parent or Legal Guardian’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Financial Obligation:** I assume responsibility for meeting the appropriate payment schedule. Payments are due before the 1st class of each term for term payments and by the first of the month for team members who pay monthly. Any child registered for a term or a month is obligated for that entire fee. MID-TERM WITHDRAWALS WILL NOT BE RECOGNIZED. Make-ups will be allowed if they can be arranged by attendance in a similar class which is not filled to capacity. For renewal for the next term, currently enrolled students will have their spots held automatically up until the priority week ends. After the priority week ends, open enrollment is taken for all classes. You must call when missing a class in order to schedule a make-up. Make-ups can only be scheduled if you are currently enrolled at Desert Gymcats. I as parent or guardian have read the above and by signing this form, I am agreeing to the payment schedule outlined above.

**Parent or Legal Guardian’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Video/Picture Release:** I understand that my child’s 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.

**Parent or Legal Guardian’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Chronic Medical Condition(s) of Child(ren):** So that we may be aware of any and all possible medical and/or behavioral complications that your child 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 BACK of this page if additional space is needed.

**Parent or Legal Guardian’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_