



# GYMTOWNE GYMNASTICS SSF



Student's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male or Female: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Family's Email Address: \_\_\_\_\_

Mother or Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Pager : \_\_\_\_\_

Father or Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Pager : \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Another Name & Phone for Emergencies: \_\_\_\_\_

Person to be Billed:  Mother  Father  Guardian  Other: \_\_\_\_\_

How did you hear about Gymtowne? \_\_\_\_\_

Have you ever been enrolled at Gymtowne? \_\_\_\_\_ Have you ever attended a birthday party here? \_\_\_\_\_

**Initial:** \_\_\_\_\_ I have read and understand the rules and policies of GYMTOWNE GYMNASTICS SSF and agree to abide by them. I also understand that I am responsible to pay for classes until the date I notify the GYMTOWNE GYMNASTICS OFFICE IN WRITING of my intention to terminate.

Does your child have any medical problems we should be aware of? List any and all allergies or sensitivities to drugs, medicine, or bites:

\_\_\_\_\_  
\_\_\_\_\_

### Authorization of Consent to Treat a Minor

I the undersigned parent/guardian of : \_\_\_\_\_, a minor, do hereby authorize any \_\_\_\_\_ (Child's Name)

Adult instructor of GYMTOWNE GYMNASTICS SSF as agent(s) for the undersigned to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of the said physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective indefinitely, unless sooner revoked in writing, and delivered to said agent(s).

\_\_\_\_\_  
DOCTOR'S NAME

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

## Please Complete the Reverse Side

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in the activities at Gymtowne Gymnastics SSF, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Gymtowne Gymnastics Bayside LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of the agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

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

Printed name of participant

\_\_\_\_\_  
Signature of participant

**PARENTAL CONSENT**

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost any Releasee may incur as the result of any such claim.

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

Printed name of Parent/or Legal Guardian