

PINELANDS GYMNASTICS ACADEMY
SEPTEMBER 2017-JUNE 2018
PLEASE FILL OUT FRONT AND BACK

STUDENT/ FAMILY INFORMATION
(PLEASE USE SEPARATE FORM FOR EACH STUDENT)

STUDENT'S LAST NAME _____

STUDENT'S FIRST NAME _____

___ BOY ___ GIRL BIRTHDATE (mm/dd/yy) _____

LIST ANY MEDICAL PROBLEMS:

HOW DID YOU HEAR ABOUT US?

MAILING STREET ADDRESS _____

CITY/TOWN _____

STATE _____ ZIP CODE _____

HOME PHONE _____ CELL _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN'S FIRST NAME _____

PARENT/GUARDIAN'S LAST NAME _____

PARENT/GUARDIAN'S FIRST NAME _____

PARENT/GUARDIAN'S LAST NAME _____

EMERGENCY CONTACT: NAME _____

RELATIONSHIP _____

PHONE NUMBER _____

CLASS REQUEST AND ACKNOWLEDGEMENT

ATTENDING: _____ SESSION #1 (SEPTEMBER 5TH- OCTOBER 16TH)
_____ SESSION #2 (OCTOBER 17TH- DECEMBER 2ND)
_____ SESSION #3 (DECEMBER 4TH- JANUARY 27TH)
_____ SESSION #4 (JANUARY 29TH- MARCH 10TH)
_____ SESSION #5 (MARCH 12TH- MAY 4TH)
_____ SESSION #6 (MAY 5TH- JUNE 18TH)

CLASS _____ DAY _____ TIME _____

DUAL RELEASE OF LIABILITY WAIVER

Name of child participant (if under 18): _____

Name of adult participant/parent: _____

I, WE DESPITE ALL REASONABLE PRECAUTIONS IMPLEMENTED FOR SAFETY, AM (ARE) FULLY AWARE OF 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 THE PROGRAMS OR ACTIVITIES. I (WE) KNOWINGLY AND WILLINGLY ASSUME ALL SUCH RISKS. CONSEQUENTLY, I (WE) HEREBY FOR MYSELF, HEIRS, EXECUTORS AND ADMINISTRATORS, DO WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES AGAINST THE OWNER, OPERATORS, COACHES AND OTHER MEMBERS OF PINELANDS GYMNASTICS ACADEMY, LLC FROM PERSONAL INJURY OR ACCIDENT OF ANY SORT OF NATURE SUFFERED BY ME (US), THE UNDERSIGNED, BY REASON OF PARTICIPATION OR MEMBERSHIP IN CLASSES, LESSONS OR ANY PROGRAMS OR ACTIVITIES OF PINELANDS GYMNASTICS ACADEMY, LLC.

PARTICIPANT SIGNATURE (IF OVER 18) _____

MINOR RELEASE

I, THE MINORS PARENT AND/ OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION 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 RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT, INCLUDING NEGLIGENT RESCUE OPERATIONS. IBFURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEE NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM. I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH PINELANDS GYMNASTICS ACADEMY RULES AND POLICIES.

SIGNATURE OF PARENT/ GUARDIAN

DATE

PLEASE SIGN HERE TO INDICATE THAT YOU HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH PINELANDS GYMNASTICS ACADEMY RULES AND POLICIES.

X _____