

Stars Gymnastics Training Center

Trial Class Form

Child's Name _____ DOB _____ Age _____

Child's Name _____ DOB _____ Age _____

Child's Name _____ DOB _____ Age _____

Parent's Name _____

Sibling's Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Any Medical Conditions _____

How did you hear about Stars ? _____ Trial Class _____

I am fully aware of and appreciate the risks of catastrophic injury, paralysis and even death, as well as damages and losses, associated with participation in gymnastics and other sports. I further agree that Stars Gymnastics Training Center, corporations employees, agents, officers and directors shall not be liable for any losses or damages occurring as a result of participation in a class or program.

I hereby give consent for Stars Gymnastics to provide customary medical/athletics attentions, transportation, and emergency medical services as warranty in the course of my participation at Stars Gymnastics. I maintain and uphold to date Primary Health Insurance for my child and family who are participating at Stars Gymnastics.

BLANKET WAIVER

Due to insurance regulations, every person entering the main facility must read the following waiver and sign below as an acknowledgement that he/she understands the following agreement:

I acknowledge that by participating in gym activities and/or by moving around in the gym, with its equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive the option to sue should I or any minors for who I am responsible for, incur an injury. By waiving the option to sue, I also thereby release Stars Gymnastics Training Center and its agents or employees from liability for such injury.

Class Day _____ Time _____

Parent Signature _____

This form will be filed with my student's registration form.

ADULTS ARE NEVER ALLOWED ON ANY EQUIPMENT.