

EAGLE GYMNASTICS ACADEMY ENROLLMENT FORM

Student Name _____ Gender _____ Age _____ Birth date ____/____/____
Student Name _____ Gender _____ Age _____ Birth date ____/____/____
Student Name _____ Gender _____ Age _____ Birth date ____/____/____

Guardian who is participating in Parent and Tot class _____

Parent / Guardian 1 _____ Contact # (____) _____

Parent / Guardian 2 _____ Contact # (____) _____

Billing Address _____

City _____ Zip _____ Home # (____) _____

Email address: _____

Emergency contact if we cannot reach parent _____ Phone # (____) _____

Is this Emergency contact authorized to pick up your child? _____ *Please notify us if this emergency contact changes.*

Others authorized to pick up child _____

Medical Conditions/Diagnosis/Physical Limits or delays that we should be aware of that would help the coaching staff best work with your child. Ie. Asthma, injuries, developmental delays, allergies, etc.

Student: _____ Notes: _____

Student: _____ Notes: _____

Please tell us who referred you to Eagle Gymnastics Academy so that we may personally thank them! _____

Or * Drive by/signage * Internet * Around Town Kids * Auctions *Other _____

WAIVER OF LIABILITY

Initial

_____ As the parent or legal guardian of the above named students, I hereby give consent for the above students to participate in any and all programs offered by Eagle Gymnastics Academy, Inc. ("EGA"). If divorced, by initialing this waiver I am representing that I have the authority to sign legal documents on behalf of my child.

_____ I understand and recognize that potential severe injury, paralysis and even death can occur in any activity involving all aspects of gymnastics. I realize that my child will be training on all events and training devices including trampoline. I understand this risk and I will assist the staff by teaching my children to listen to directions and follow all safety rules taught at EGA.

_____ EGA has put in place preventative measures to reduce the spread of infections diseases, including, but not limited to COVID-19. These measures include following CDC guidelines pertaining to cleaning our facility, restrooms, reception and training areas. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by any contagious illness or disease. I understand that exposure or infection may result in personal injury, illness, disability and death. I understand that the risk of becoming exposed to or infected by COVID-19 at EGA may result from the actions, omissions, or negligence of myself or others, including, but not limited to, EGA employees, volunteers, athletes and their families.

_____ I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren), or my attendance at EGA or participation in EGA programs.

_____ On my behalf, and on behalf of my child, I hereby release, waive, covenant not to sue, discharge, and hold harmless Eagle Gymnastics Academy, Inc., it's employees, owners, directors, coaches and volunteers, of and from the any and all claims whether known or unknown including but not limited to Claims for damages and injuries or illnesses which could be permanent in nature suffered by the above listed participants and parents/guardians while under the instruction, supervision, or control of Eagle Gymnastics Academy, Inc. I agree to indemnify E.G.A for any claims brought against them by anyone associated with my child's participation at E.G.A.

_____ As the parent or legal guardian, I hereby agree to be solely responsible for any and all possible future medical expenses which may be incurred as a result of any injury sustained by the above listed participants while training at or under the direction of Eagle Gymnastics Academy, Inc.

_____ I authorize the representatives of Eagle Gymnastics Academy, Inc. to provide any emergency medical services that may be required, including but not limited to enlisting emergency services to transport participant to appropriate medical facilities due to an injury arising from any activity at Eagle Gymnastics Academy, Inc.

Signature of Parent or Guardian: _____ Date _____

Print Name: _____