

# EAGLE GYMNASTICS ACADEMY

## STUDENT ENROLLMENT FORM

Student Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_ Birth date \_\_/\_\_/\_\_

Student Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_ Birth date \_\_/\_\_/\_\_

Guardian who is participating in Parent and Tot class \_\_\_\_\_

### **Parent/Guardian Information:**

Father name \_\_\_\_\_ Wk Phone# (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Mother name \_\_\_\_\_ Wk Phone# (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Is this Emergency contact authorized to pick up your child? \_\_\_\_\_

### **Medical Conditions / or special instructions that you would like the coaching staff to be aware of:**

Student Name: \_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_  
\_\_\_\_\_

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

Referred by: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

### MEDICAL RELEASE FORM

- 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.
- 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 Eagle Gymnastics Academy, Inc.
- **I HEREBY FOREVER WAIVE, RELEASE AND DISCHARGE EAGLE GYMNASTICS ACADEMY, INC., THEIR OWNERS, DIRECTORS, EMPLOYEES AND COACHES FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY THE ABOVE LISTED PARTICIPANTS WHILE UNDER THE INSTRUCTION, SUPERVISION OR CONTROL OF EAGLE GYMNASTICS ACADEMY, INC.**
- As the parent or legal guardian, I hereby agree to individually protect for the possible future medical expenses which may occur 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 due to an injury arising from any activity at Eagle Gymnastics Academy, Inc.

I do hereby verify that I have read and understand and accept each of the terms and conditions outlined above.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_