

STUDENT INFORMATION

REGISTRATION

Student's Name: _____ Gender: _____ Age: _____ DOB: ____/____/____

Student's Name: _____ Gender: _____ Age: _____ DOB: ____/____/____

Address: _____ City _____ State _____ Zip _____

Home Phone Number: () _____ Alternate Emergency Phone Number: () _____

MOM's Name: _____ Cell Number: () _____ Business Phone: () _____

DAD's Name: _____ Cell Number: () _____ Business Phone: () _____

Email address: _____

Medical conditions or allergies to which we should be alerted _____

How did you learn about First City Gymnastics (If word of mouth, from whom?) _____

Assumption Of Risk * Photo Release * Waiver of Liability * Medical Authorization

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, cheerleading. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all First City Gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for myself or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE First City Gymnastics, Incorporated, its officers, directors, employees, contractors and volunteers from all Liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for myself or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in First City publicity or advertising. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold First City, and its representatives, harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participation at or for First City. I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ **DATE** _____

I have received the **Camp Field Trip Schedule** and understand that a **First City Camp Shirt** must be worn on all field trip days, if your child does not have a shirt you will be charged for an additional shirt. All field trips are non-refundable.

Signature _____

CREDIT CARD PAYMENT INFORMATION

_____ VISA _____ MASTERCARD _____ DISCOVER

Name on Credit Card: _____

Card Number: _____ Exp. Date _____ Security Code _____

Signature: _____ Zip Code of Billing Address: _____

Pick up List-The following people are authorized to pick up my child(ren)

