

2017-2018 Louisville Cheer & Dance, LLC "GymTyme"  
Registration and Release

**PLEASE PRINT**

Contact & Billing Information:

Primary guardian's full name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

**\*IMPORTANT! We email all of our billing statements**

Secondary guardian's full name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

**\*IMPORTANT! We email all of our billing statements**

Athlete(s) Information:

Name (first and last): \_\_\_\_\_

D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

M/F: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Lives with: Primary \_\_\_ Secondary \_\_\_ Both \_\_\_ Other \_\_\_

Name (first and last): \_\_\_\_\_

D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

M/F: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Lives with: Primary \_\_\_ Secondary \_\_\_ Both \_\_\_ Other \_\_\_

Name (first and last): \_\_\_\_\_

D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

M/F: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Lives with: Primary \_\_\_ Secondary \_\_\_ Both \_\_\_ Other \_\_\_

Emergency Contacts (other than parent or guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Athlete(s) Medical Insurance Information:

Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Company Phone #: \_\_\_\_\_ Primary cardholder: \_\_\_\_\_

This information is the same for all of my athletes: (please circle) YES NO

If no, attach a separate form with the additional insurance information.

**Release of Liability & Assumption of Risk**

I, \_\_\_\_\_, hereby certify that I am the parent or legal guardian of \_\_\_\_\_ who is/are under the age of eighteen. As the parent or legal guardian and in consideration for the membership granted herein, I hereby, agree to release and hold Louisville Cheer & Dance Company, LLC/GymTyme, as well as its owners, agents, officers, directors, shareholders, instructors and employees (collectively referred to herein as "The Gym"), harmless from any liability, claim, injury, damage, loss or cause of action which may result from participation in any way related to cheerleading, dance or gymnastics instruction and the use of the facility and its equipment. I agree to indemnify and hold harmless The Gym from all Third-Party Claims against it relating to my child/athlete.

I understand there are inherent risks associated with the cheerleading, dance or gymnastics programs in which I propose to be involved, including but not limited to sudden changes in blood pressure, irregularities of heartbeat, dizziness, fainting, strained muscles, sprains and broken bones. I have freely, knowingly and voluntarily undertaken these programs and certify that my child is in good physical condition and is able to utilize The Gym's equipment and facility. I have no knowledge of any condition, physical or mental, which would prevent or limit my athlete(s) from participating in these programs. I agree that The Gym has no ability to independently investigate the health or physical condition of my athlete(s) as it relates to his/her/their ability to tolerate the proposed programs. I understand that the Gym is relying upon my certification to them that I have obtained appropriate clearance for my athlete(s) to engage in such programs from competent medical professionals.

If I ever have reason to believe that my child is not in good physical condition, I will notify the gym in writing with my specific concerns and the timeframe for which any limitations shall need to be in place for my child/athlete. I will be sure to keep the current emergency contact information on file with The Gym at all times.

I further release and agree to hold harmless the owner and operator of the real estate where such training will occur from any obvious defects in the premises, including but not limited to The Gym, parking areas, common areas and walkways. I understand all terms of this Membership Contract and have had the opportunity to ask questions before signing.

\_\_\_\_\_  
**Parent/ Legal Guardian Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Witness name and phone number

I, \_\_\_\_\_ (student's name), hereby agree to the provisions of the above Release of Liability and Assumption of Risk.

**Student signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only!	
Registration Date: _____ / _____ / _____	Membership #: _____ Entered By: _____