

**\*\*\*Gymnastics Divine\*\*\* Registration Form**  
"Building Confidence, Character & Strong Mental Discipline"

**Please note; we need a copy of your insurance. Thank you**



(Sorry; one registration sheet per child)

Student Name \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth

Month	Day	Year
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Address \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Athlete's cell # (if appropriate) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Wk # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Wk # \_\_\_\_\_ Cell # \_\_\_\_\_ Home \_\_\_\_\_

In case of Emergency number (other than parent) \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_

**PHOTO RELEASE FORM!** Yes \_\_\_\_\_ No \_\_\_\_\_ ~ Please check and sign ~  
Gymnastics Divine has permission to use photos of my child that may be used for newspaper, website or other promotional projects  
*Parent Signature* \_\_\_\_\_

Medications we should be aware of \_\_\_\_\_

As parent/guardian, by granting permission for my student(s) to participate in any activities and classes with Gymnastics Divine, I do hereby assume all risk of injury that may result from any physical activity. I agree to indemnify Gymnastics Divine, its instructors and participants from and against all liability for injury, which may result from any negligence and or taking part in these activities.

I/We authorize Gymnastics Divine to secure Emergency Medical care for my child in the event we cannot be reached at the time of an emergency. I/We will be responsible for the medical charges upon receipt of the statement.

Administration of Medication---

I/We authorize Gymnastics Divine permission to administer patent medication to my child as specified in written instructions.

Teams and or student travel---

I/We authorize my child to ride as a passenger in a vehicle owned or leased Gymnastics Divine. I/We understand such trips are under supervision and that health and safety precautions are taken. I/We agree that the above named people or their employees are not responsible for any accidents of injuries that may occur to my/our child at any time.

Release of Liability/Acknowledgement of Risk---

Upon entering classes offered by Gymnastics Divine I/We understand and appreciate that participation of the observation of the sport constitutes a risk to me/us of injury. I/We voluntary and knowingly recognize, accept and assume this risk and release Gymnastics Divine and its instructors and employees of any liability therefore I/We acknowledge that I/We have read and understand this entire form including the waiver of responsibility and liability.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Name \_\_\_\_\_ Insurance Company \_\_\_\_\_

\_\_\_\_ Attached is a copy \_\_\_\_\_ Showed copy \_\_\_\_\_ Class time \_\_\_\_\_