

JAMES ACADEMY *of* GYMNASTICS

Class Registration Form

Child name _____ D.O.B. _____

Primary Parent/Guardian _____ D.O.B. _____

Phone Number _____

Parent/Guardian _____ D.O.B. _____

Phone Number _____

Email _____

Home Address _____

Class Title, Day & Time _____

Form of payment (Check One): ACH _____ Credit Card _____

If Credit Card: Name On The Card: _____

Card Number _____

Security Code: _____ Expiration Date: _____

I, the parent/legal guardian of the above named student, recognize that at some time during the course of gymnastic instruction, in order to achieve proper body placement and correct training exercise, the assigned instructor to my child may inadvertently touch his/her person in an impersonal manner while performing a "spot". A "spot" is traditional way to correct body alignment and maintain safety in the sport of gymnastics and is recognized as gym policy.

Having been informed of the activities to be conducted by James Academy of Gymnastics, LLC, I as a parent or guardian of the participant, give my approval for the above named student's participation in any and all activities of the program. In consideration of my or the student's membership acceptance in the James Academy of Gymnastics, LLC, I hereby waive, and forever release and discharge James Academy of Gymnastics, its officers, owners, directors, professional consultants, and employees, from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities.

I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury in any activity involving motion or height.

Signature of Parent, Guardian, or Participant (if adult)

Date _____