

# Kokokahi Gymnastics Team

45-558C-21 Kamehameha Hwy., Kaneohe, HI 96744, Phone/Fax: 808-235-6866

## Registration & Agreement For Membership

OFFICE USE ONLY	
Trial Date	_____
Start Date	_____ Sess # _____
Class	_____
Days	M TU W TH F SA
Tuition	_____ Reg. 25 / 35

### Participant Information

GYMNAST: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Under 18) (Last) (First) ("Preferred Name")

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M F Referral: Friends Website Other: \_\_\_\_\_

Medical / Health problem(s) / Allergies: \_\_\_\_\_

### Contact Information

Address: \_\_\_\_\_  
(Number/Street) (City) (Zip)

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Home / Cell / Work

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Home / Cell / Work

**Emergency Contact:** (1<sup>st</sup> Point of Contact will be parent/guardian, please notate an alternate contact)

Name / Relation: \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_

### Doctor & Insurance Information of Gymnast:

Family Doctor: \_\_\_\_\_ Dr's Phone: \_\_\_\_\_

Medical Insurance or HMO Coverage: \_\_\_\_\_

**Additional Parental Information:** This information will be needed since your Board of Directors will depend on volunteer parental assistance. List down areas of expertise, or any area you could or would like to assist with: public relations, clerical, bookkeeping, minor repairs, graphic design, fund-raising activities, telephone calling, etc. Areas I/we could assist with: \_\_\_\_\_

I give permission to Kokokahi Gymnastics Team to use photographs of my child on our website, for flyers or other format in order to promote our gym. **Y / N**  
(circle one) Signature Parent / Gaurdian Print

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

By signing below each parent agrees to the following:

In consideration of participating in the programs offered by Kokokahi Gym Team Association, I represent that I understand the nature of this Activity and that my child/children is/are qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if my child/children or I believe event conditions are unsafe, we will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my or my child/children's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my child's participation in this Activity.

I hereby release, discharge, and covenant not to sue KOKOKAHI GYM TEAM ASSOCIATION, INC., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity take place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

### PARENTAL CONSENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

I, the minor's parent and/or legal guardian, give consent, if it becomes necessary, for the Minor to be delivered to Castle Medical Center or a medical institution of comparable good standing and authorize a physician(s) of said institution to administer whatever emergency medical care he/she/they believe(s) is necessary in the best interest of the Minor's well being.

Parent Signature / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_ Relation to Gymnast \_\_\_\_\_

Parent Signature / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_ Relation to Gymnast \_\_\_\_\_