

GRANITE CITY GYMNASTICS REGISTRATION, WAIVER, AND RELEASE FORM

Please fill out all of the information listed below. Thank you!

Student Information:

Student 1. _____	Birth Date _____	Start Date _____
Class Enrolling In _____	Day _____	Time _____
Student 2. _____	Birth Date _____	Start Date _____
Class Enrolling In _____	Day _____	Time _____

Parent/Guardian Information:

Father's Name _____	Phone (H) _____	(W) _____	(C) _____
Mother's Name _____	Phone (H) _____	(W) _____	(C) _____
Street Address _____	City _____	State _____	Zip _____

Payment Information: *There are no refunds given for families who choose not to finish a full session.

Student 1 Session Fee \$ _____	Student 2 Session Fee \$ _____	
Amount of Payment \$ _____	Date payment was received _____	Form of Payment _____

Alternate Emergency Contact Information:

Name _____	Relationship to Child _____
Phone (H) _____	(C) _____

Insurance Information:

Insurance Company _____
Policy Number _____
Policy Holder _____
Relationship to Child _____
Place of Employment _____

Other:

Allergies _____
Medications _____
Family Physician _____
Physician's Phone Number _____

We, the staff of Granite City Gymnastics, recognize our obligation to make our students and parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, trampoline, tumbling and dance can be dangerous and can lead to injury.

As parents/guardians I agree and promise to hold harmless and indemnify Granite City Gymnastics or its employees in connection with any claims for personal liability, property damage, etc.

As parents/guardians, I fully understand that Granite City Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Granite City Gymnastics Staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Granite City Gymnastics Staff to call our doctor and to seek medical help, including transportation by a Granite City Gymnastics staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for the child should the Granite City Gymnastics staff deem this to be necessary.

Parent/Guardian Signature: _____ Date: _____