

# Castle Rock School of Gymnastics Registration Form

Reg. Date	___/___/___
Session Fee	_____ Reg. Fee _____
New Mem	___ Yes ___ No

## Student Information

**Student Name** \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_ Time \_\_\_

**Student Name** \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_ Time \_\_\_

**Student Name** \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_ Time \_\_\_

Address	_____
	_____ Apt _____
City	_____ Zip _____
Home Phone	_____
Cell Phone	_____
Emergency 1 <sup>st</sup> Contact	_____
Emergency Contact Phone #	_____
Medical conditions/allergies	_____
	_____
E-Mail Address for school closure info	_____

How did you learn about CRSG? (Word of mouth, yellow pages, etc.) \_\_\_\_\_

## Family Information

**Mother's Name** \_\_\_\_\_ **Place of Business** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Place of Business** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Health Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

## Terms & Conditions

**Late Tuition:** I understand that if tuition is not paid during "tuition week", it will be subject to a **\$5.00 late fee** and could result in my child being dropped from the program.

**Refund Policy:** I understand CRSG offers **NO REFUNDS** once a session has started.

**Rules & Guidelines:** I have read and understand the "Rules & Guidelines" of CRSG and affix my name below in agreement.

### Assumption of Risk/Waiver of Liability

I fully understand that gymnastics carries a risk of serious bodily injury, including permanent disability, paralysis, and death. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I may incur as a result of my and/or my child's participation.

I hereby release, discharge, and covenant not to sue Castle Rock School of Gymnastics, its respective administrators, directors, agents, officers, volunteers, or employees, other participants, any sponsors, advertisers, and if applicable, owners or lessors of premises on which the activity takes 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 agree that if despite this Assumption of Risk/Waiver of Liability, 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 may incur as the result of such claim.

I have read the **Assumption of Risk/Waiver of Liability**, understand that I have given up substantial rights by signing it, have signed it freely and without any inducement or assurance of any nature, intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and affix my name in agreement. I have received a copy of this Assumption of Risk/Waiver of Liability.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_