

# Registration Form

(One per child, please PRINT clearly)



**Parent or Guardian: Please read, then sign and date.**

## **Athlete Membership Agreement and Information:**

*Read the following carefully and sign below. NOTE: Parent signs if student is under 18 years. Fill in all blanks; submit forms for current season only bearing original signatures (photocopies or facsimiles not acceptable).*

### **Agreement:**

In consideration of my membership in Gym Cats, and my participation in Gym Cats classes, events and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of Gym Cats
2. Readiness to Participate: I will only participate in those Gym Cats classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. Medical Attention: I hereby give my consent to Gym Cats and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events, including the use of inflatables, trampolines, foam-filled pits and climbing apparatus.
5. Payment Responsibility: I, the undersigned, have read the attached Rules and Policies governing registration and payment. No refunds will be given. I understand that I am registering my child(ren) for a full session whose total fee is \$\_\_\_\_\_.

I further agree that Gym Cats, and the sponsor of any Gym Cats event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

**Information:** Primary Medical Insurance: I am covered by primary health/medical/accident insurance

through: \_\_\_\_\_ Signature of Athlete: X \_\_\_\_\_

*For any athlete who is not yet 18 years old:* As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Gym Cats.

Printed name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian: X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Paying by Credit Card:  Visa  MasterCard

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

V code (numbers on back of card) \_\_\_\_\_

Signature: X \_\_\_\_\_ Date \_\_\_\_\_

## **Additional Information:**

Physical or Psychological Handicaps: \_\_\_\_\_

Allergies, etc.: \_\_\_\_\_

### **For office use only:**

Total Due: \_\_\_\_\_ 2nd Payment \_\_\_\_\_

Deposit - 1st payment: \_\_\_\_\_ Balance w/late fee \_\_\_\_\_

Balance w/install fee \_\_\_\_\_

Student \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

Occupation \_\_\_\_\_ Office # \_\_\_\_\_

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

Occupation \_\_\_\_\_ Office # \_\_\_\_\_

Emergency contacts if parents cannot be reached:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Class name: \_\_\_\_\_

1st choice: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

2nd choice: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

How did you hear about Gym Cats?

\_\_\_\_\_  
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