



BAYOU GYMNASTICS REGISTRATION FORM



***Please Print Neatly**

Semester Date: _____

Child's Name: _____

Date of Birth: _____ Male / Female Home Phone: _____

Address: _____

City: _____ ST: _____ Zip: _____

Parent's Name: (Mother) _____ (Father) _____

Contact Num.: (Mother) _____ (Father) _____

Emergency Contact Name: _____

Relationship: _____ Contact Number: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ ID Number: _____

Medical Conditions we should be aware of: _____

Day and Time of Class: _____

How did you hear about our program?

Tuition

Tuition is due prior to the 1st of each month.

- **\$5.00 DISCOUNT** - If tuition is paid by the 25th of the previous month.
- The gymnast **will not** be allowed to participate until balance is paid.

Payment Options

We accept Cash, Checks, and Visa and MasterCard (Credit and Debit).

- You may pay monthly or for the entire semester
- Make checks payable to: **Bayou Gymnastics**
- On check, include: **Child's Name, Class Day & Class Time**
- \$25.00 Service Charge for all returned checks

***Please be aware that Registration fees are non-refundable.**

Bayou Gymnastics Waiver and Release of Liability

We, the staff of Bayou Gymnastics recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics.

DISCLAIMER: Bayou Gymnastics, Inc, is not responsible for any injury or (loss of property) to any person while practicing, taking class, competing, participating in open gym, birthday parties, or in any other way involved in gymnastics, cheerleading, or preschool classes or teams at Bayou Gymnastics, Inc. for any reason whatsoever.

I am aware and understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to, serious injury to virtually all bones, joints, muscles, and internal organs, brain damage, serious neck and spinal injuries resulting in complete or partial paralysis, and death, and the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated.

I consent to have my child or children participate in the programs offered by Bayou Gymnastics with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I, my executors, or other representatives, waive and release all rights and claims for damages that my child or I may have against Bayou Gymnastics and/or it's representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. Bayou Gymnastics will only warn the child through "Safety Messages" and our teaching style and progression.

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

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Bayou Gymnastics, Inc. or any person listed above.



- I permit Bayou Gymnastics to photograph and/or videotape my child for promotional use.
- I **DO NOT** permit Bayou Gymnastics to photograph and/or videotape my child for promotional use.

Signature of Parent or Legal Guardian

Date