

All American Gymnastics and Sports Center

Registration Form

Family Last Name and Phone
Number: _____

Primary email address: _____

Mother _____

Work Phone _____ Cell Phone _____

Father _____

Work Phone _____ Cell Phone _____

Address: _____

Emergency Contact: _____

Health Insurance Information: _____

Student Name #1: _____ Birthdate _____

School _____ Allergies/Medications _____

Class(es) _____

Student Name #2: _____ Birthdate _____

School _____ Allergies/Medications _____

Class(es) _____

Student Name #3 _____ Birthdate _____

School _____ Allergies/Medications _____

Class(es) _____

Release of Liability:

Participant's Name(s) _____

LIABILITY WAIVER AND INDEMNITY AGREEMENT: As conditions of the participation of the student described previous (“my child”) in any of the programs conducted by All American Gymnastics and Sports Center, LLC, d/b/a All American Gymnastics, including but not limited to tumbling and gymnastics events and programs, whether conducted on or off the premises of All American Gymnastics, I agree to the following: 1. I waive any claims for bodily injury, personal injury or property damage against All American Gymnastics, its officers, directors, shareholders, employees, agents and insurers (collectively, All American), and any owners or lessors of the premises and any equipment used in connection with any programs of All American arising out of our child’s participation in any of the programs of All American whether on or off All American’s premises, or travel for the purpose of participating in any such programs or event. 2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member. 3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with All American. 4. If this agreement is not effective to waive liability on behalf of our child, ourselves or other family member, we further agree to indemnify All American for its liability including all costs, fees and expenses incurred by All American in connection with such liability.

Medical Emergencies: AUTHORIZATION OF MEDICAL CARE: In the case of illness or injury, if I cannot be reached, I authorize and desire medical care for my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

AUTHORIZATION OF LIKENESS RIGHTS: At any given time All American may take photographs, audio or video recordings of teams or classes. I authorize All American or it’s designated agents to use and display likeness images of my child or myself for advertising and decorative purposes.

Parent or Guardian Signature _____ Date _____

