



Check # \_\_\_\_\_ Date \_\_\_\_\_

Amount:

**Registration Form**

**Adult Participation**

Parent of Current Student      yes \_\_\_\_\_      No \_\_\_\_\_

\_\_\_\_\_  
Name of Current Student

\_\_\_\_\_  
Current Class

\_\_\_\_\_  
Class Attending

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Age      Birth date  
phone/Pager

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

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Emergency Contact

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

\_\_\_\_\_  
Preferred Hospital

\_\_\_\_\_  
Doctor

Current illnesses, medication, or injuries:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us?

Phone Book

Newspaper

Mailer/Post Card     Friend \_\_\_\_\_

PTSA

Website

Other \_\_\_\_\_

Please use the following waiver:

If the \*Parent decides to participate in the same activity as the minor please Make sure the Parent also signs this Waiver in addition to the minor waiver. Also use this waiver For Birthday Parties, Mommy and Me's, Open Gym, Sleep Overs and Special Events (basically any Adult Participant Activity)

\* Parent or Legal Guardian or Sibling or Caregiver or Adult Participant

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND  
INDEMNITY AGREEMENT ("AGREEMENT")**

**HART'S GYMNASTIC CENTER**

In the case of injury or emergency while in training or travel to and from competition or competition itself where HART'S GYMNASTIC CENTER or authorized representative of HART'S GYMNASTIC CENTER are unable to contact a parent, guardian or the listed alternate person, I hereby authorize HART'S GYMNASTIC CENTER to seek whatever medical attention and treatment is needed for my child. In addition, in the event my preferred physician as listed is unavailable, I hereby agree to accept treatment by the emergency room doctor and/or referral doctor of the hospital indicated above as preferred if such medical treatment is deemed necessary for my child.

In consideration of participating in the       Movement Activity       I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue       Hart's Gymnastics      , its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and 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 "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY

AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Signature of participant