



Student Information

Student Name: _____ Age: _____ DOB ____/____/____ M/F _____

Student # 2: _____ Age: _____ DOB ____/____/____ M/F _____

Student # 3: _____ Age: _____ DOB ____/____/____ M/F _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail _____

Allergies/Medical Conditions: _____

Mother's Name: _____ Father's Name: _____

Cell Phone/Mother: _____ Cell Phone/Father: _____

Work Phone/Mother: _____ Work Phone/Father: _____

Insurance Company: _____ Policy#: _____

Emergency Contact: _____ Phone: _____

Terms & Conditions

Rules & Guidelines: I have read the "Rules & Guidelines" of Saddle Rock School of Gymnastics and affix my name in agreement.

Refund Policy: I understand that Saddle Rock School of Gymnastics offers **No Refunds** once a session has started.

Late Tuition: I understand that late tuition may be subject to a \$10.00 late fee.

Parent/Guardian Signature: _____ **Date:** ____/____/____

Assumption of Risk/Waiver of Liability

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk can NOT be eliminated. Risk can be reduced but never eliminated.

The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head.

I have read and have been forewarned and understand the **Assumption of Risk, and Waiver of Liability** and I **Voluntarily** accept the risk and affix my name in agreement.

Parent/Guardian Signature: _____ **Date:** ____/____/____

For Office Use Only:

CLASS: _____ Day _____ Time _____ Reg. Date ____/____/____