



6780 Sierra Court
Suite K
Dublin, CA 94560
925.479.9904

Registration, Waiver, and Release of Liability

Student Information:

_____ Last Name	_____ First Name	_____ Birthdate	_____ Age
_____ Last Name	_____ First Name	_____ Birthdate	_____ Age
_____ Last Name	_____ First Name	_____ Birthdate	_____ Age

Parent Information:

Parent(s) Name(s)

Home/Billing Address

City

Zip Code

Home Phone

Parent #1 Phone

Parent #2 Phone

E-Mail Address

Emergency Contact
(Other than parent)

Name

Phone #

Relationship

My child has the following history/medical condition(s) and/or is taking the following medication that their instructor needs to be aware of: _____

Is your child covered by Medical Insurance? ____Yes ____No

IF YES – Company _____ Doctors Name _____ Phone # _____

Credit card information kept on file for automatic payment of tuition each month:

Card Type (VISA/MC)

Card Number

Exp. Date

Please tell us how you heard about us: _____

- PLEASE TURN OVER, READ AND SIGN BACK -

Payment, Policies and Procedures

BY SIGNING BELOW, I acknowledge reading, understanding, and accepting the statements herein.

AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER - I understand gymnastics and other sports activities involve risk and possible injury, including but not limited to paralysis, death, emotional distress, or physical injury to my child or others, and/or damage to property.

I understand that it is my responsibility as my child's parent or guardian not to allow participation if there are any physical, emotional, and behavioral or other problems that might compromise safe involvement. I understand that Edge Gymnastics Training Center LLC dba Edge Gymnastics does not carry medical insurance for participants and forever release the Edge Gymnastics, staff, owners, facility, and equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses, and/or other damages incurred by my child, myself, or other family members while participating or visiting the facilities, parking area, or traveling to or at a related activity. I expressly agree and promise to accept and assume all of the risks existing in this activity as outlined above.

My participation or my child's participation in this activity is purely voluntary, no person(s) are forcing me or my child to participate and I elect of my own volition to participate or have my child participate with full knowledge of the inherent risks involved.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Edge Gymnastics, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation or my child's participation in this activity, including those allegedly attributable to the negligent acts or omissions of Edge Gymnastics or their staff.

Should Edge Gymnastics, or anyone acting on their behalf, be required for any reason to incur attorney fees and costs to enforce this agreement, I agree to indemnify and reimburse Edge Gymnastics for such fees and costs.

I understand that injuries can and do occur and that health insurance is a requirement. I certify that I have health, accident, and liability insurance to cover any bodily injury or property damage I or my child may cause or suffer while participating in the sport of gymnastics or any other activities in or related to Edge Gymnastics or else I agree to indemnify and reimburse Edge Gymnastics for such fees and costs as incurred.

AUTHORIZATION OF MEDICAL CARE - In case of injury or illness during participation, I authorize and desire medical care for myself or my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

PARENT RESPONSIBILITY TO SUPERVISE - When I visit Edge Gymnastics, or am involved in any related activity involving parental presence or participation, I understand and accept the responsibility, and any associated liability, of constantly supervising, controlling, and restricting activities as necessary to assure safety of the children I bring and myself.

PHOTOGRAPHS AND STATEMENTS - I authorize use of my own and my child's visual image and statements in newsletters, posters, websites, and all other advertising.

VALID DATES - These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or any family member participates in any activity at or with Edge Gymnastics.

AGREEMENT TO PAY - I understand there are no refunds, credits, or guaranteed make-ups for missed classes due to personal reasons or inclement weather, and I am obligated to pay full tuition, including the \$50 annual membership fee once a session begins. I accept the responsibility of paying for any damage to facility and equipment caused by myself or a family member. I understand there is a \$10 change fee if I switch classes before session is complete.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or my child's participation in this activity, I may be found, by a court of law, to have waived my right to maintain a lawsuit against Edge Gymnastics on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms.

Parent/Guardian Signature_____

Date_____

Office Use

				Start Date_____
1. Name_____	(1st) Class_____	Day_____	Time_____	Monthly Fee_____
	(2nd) Class_____	Day_____	Time_____	Monthly Fee_____
2. Name_____	(1st) Class_____	Day_____	Time_____	Monthly Fee_____
	(2nd) Class_____	Day_____	Time_____	Monthly Fee_____
3. Name_____	(1st) Class_____	Day_____	Time_____	Monthly Fee_____
	(2nd) Class_____	Day_____	Time_____	Monthly Fee_____
Annual Membership Fee \$50 per child_____		Prorate Tuition_____		
Total Due before 1st class_____		Preview class was in_____		
Notes_____				