

ABC's Gymnastics Stars Registration Forms

Tumble Jungle

Gymnastics Club Member _____

Tumble Jungle Member _____

Play Group _____

Students First Name		MI	Last name	
Date of Birth:	M F	Child _____ of _____		
Address:		City	Zip:	Email:
Mother's/Guardian's Name:				Home Phone:
Employer:		Work Phone:	Cell Phone:	
Father's/Guardian's Name:				Home Phone:
Employer:		Work Phone:	Cell Phone:	
Emergency Contact (other than Parent/guardian):				
Home Phone:		Work Phone:	Cell Phone:	
Physician:				
Physician Phone:		Allergies or Medical Conditions:		

Returned checks you will be charged \$25.00. No refunds.

From time to time we use the "participant's likeness" in our brochures, DVD's, website, or other promotional materials. I hereby grant to ABC's Gymnastics Stars, LLC and to any third-party authorized by ABC's Gymnastics Stars, LLC, the rights without limitation of time, territory or of any other nature, to use; in whole or in part, the name, image, likeness, voice, physical attributes, distinctive characteristics, now known or hereafter known, of the participant's Likeness, in whole or in part; all of which are hereinafter collectively referred to as the "Participant's Likeness".

In the event of illness or injury, consent is hereby given to provide emergency medical care, Hospitalization or other treatment, which may become necessary.

We suggest that all gymnasts have a medical exam before participating in gymnastics and **the gym MUST be made aware of any allergies, ailments or handicaps in writing.**

I release ABC's Gymnastics Stars, LLC, Its directors and staff from any and all responsibility due to accident or injury sustained during participation in ABC's activities. I am aware that in gymnastic, moon bounce, play set and dance as in any sport involving height and motion, the possibility of serious injury, death or paralysis is present. The Students named above has my full consent to participate in any ABC's Gymnastics Stars, LLC program.

An Insurance Fee is included in the session's registration fee. It does not matter if the student has their own insurance it is a requirement.

Participant Signature: _____ **Date:** _____

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