

REGISTRATION FORM

Student's Name _____ Sex ___ Age ___ Date of Birth _____

Street Address _____ City _____ Zip _____

Home Phone _____ E-mail Address _____

Mother's Name _____ Employment _____ Work Phone _____

Father's Name _____ Employment _____ Work Phone _____

Emergency Contact _____ Phone _____

Physician's Name _____ Phone _____

Physical limitations or conditions _____

How did you hear about CSG, LLC? _____

Was the student ever enrolled here before? _____ Approximate Date _____

Class Choice: (type/level) _____ (day) _____ (time) _____

Attached is the \$ _____ Annual Family Membership Fee (unless paid within the last 12 months) \$ _____

PLUS TUITION \$ _____

TOTAL \$ _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____ I hereby consent to the above person participating in Colorado School of Gymnastics, LLC Programs.

I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and movement education, I also realize that my child will be performing and training on all gymnastics events plus various other training devices including trampoline. I certify that I have consulted a physician, to the extent that I deem appropriate, concerning my child's participation in these activities. I represent to Colorado School of Gymnastics, LLC that my child is medically fit to participate.

In consideration for allowing my child to use its facilities, I hereby and forever release Colorado School of Gymnastics, LLC, its members, employees, helpers, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child.

As legal guardian of the aforementioned person, I hereby agree to individually provide for any possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at or performing for, Colorado School of Gymnastics, LLC.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content.

DATE _____ Parent or Legal Guardian's Signature: _____

PERMISSION TO TREAT

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in any absence.

Signed: _____