

Gymnastics Michiana, Inc.

Owned & Operated By:

The Poe Family



574.256.0502

3390 N. Home St.

Mishawaka, IN 46545

gymnasticsmichiana.com

REGISTRATION FORM

Student Info

Name (last, first) Birthdate Sex

Address City State Zip

Disabilities and / or things we should be aware of:

Parent Info

Mother's Name (First and Last) Father's Name (First and Last)

Home Phone Cell Phone Other Phone

E-mail Address (we **will** keep this private!)

Emergency Info

Who should we notify? Phone Relationship

* How did you hear about us? (Circle One) MiChild Magazine / South Bend Saver / Google / Friend / Other (specify) _____

As legal guardian of the above-listed person, hereafter, child(ren), I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, trampoline, dance, martial arts, cheerleading, parties, and general gym play. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Gymnastics Michiana's programs and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing me and my child(ren) to use these facilities, I, on behalf of my child(ren) and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Gymnastics Michiana, its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Gymnastics Michiana, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In the event of an emergency, I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Gymnastics Michiana and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating at Gymnastics Michiana.

By participating in activities here at Gymnastics Michiana, you are granting your permission for you and your child(ren) to be filmed, videotaped, audiotaped, and/or photographed by any means and are granting full use of their likeness, voice, and words without compensation.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, and MEDICAL AUTHORIZATION.
I VOLUNTARILY affix my name in agreement.

Signature of Parent or Guardian (if student is under 18 yrs.old) Date: _____