

JUNEBUG'S GYM

Registration Form

1) Student's Name _____ Date of Birth _____ Mo Day Year
Sex ___ Age ___

2) Student's Name _____ Date of Birth ___/___/___ Sex ___ Age ___

Home Address:

_____ Street _____ City _____ State _____ Zip _____

Parent/Legal Guardian's Name(s) _____

Address (if different from above) _____

Home Phone: _____ Other (cell/work) _____

E-Mail Address: _____

Emergency Contact (other than yourself) _____
Name Phone Relationship

Please list any facts concerning your child's medical history to which a physician, instructor or director should be alerted to: allergies, medications, physical impairments, and etc. _____

There is a one-time registration fee of \$25.00 _____ Date _____
Parent/Legal Guardian Signature

Junebug's Gym Assumption of Risk, Waiver of Liability, Medical Authorization

As the legal guardian of the persons listed above, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being full aware of the dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Junebug's Gym, programs and activities, and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing the above mentioned person(s) to obtain tumbling instructions, I, On my own behalf and the behalf of the above mentioned person(s) and our respective heirs, administrators, executors, and successors, hereby CONVENANT NOT TO SUE and FOREVER RELEASE Junebug's Gym, it officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by the above mentioned person(s) while under instruction, supervision or control of Junebug's Gym, 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 the above-mentioned person(s) to be taken to a hospital for medical treatment and I hold Junebug's Gym and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future expenses, which may be incurred by my child as a result of any injury sustained while participation in Junebug's Gym.

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

Parent/Legal Guardian
Signature _____ Date _____