

Prestige GYMNASTICS

REGISTRATION FORM

1ST Child's Name _____

Age: _____ Date of Birth _____ Gender _____

2nd Child's Name _____

Age: _____ Date of Birth _____ Gender _____

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

1st Child Class Level _____ Day _____ Time _____

2nd Child Class Level _____ Day _____ Time _____

Registration Fee _____

1st Child Monthly Fee _____ 2nd Child Monthly Fee _____

Discount _____ Total Monthly Fee _____

Today's Total _____ Payment _____ Date _____

PHOTOGRAPHY RELEASE

I give Prestige Gymnastics, its legal representatives and assigns and those acting with its permission, the right to copyright and/or use, reuse and/or publish and republish pictures of me in advertising, promotion, internet promotion, on any website or public relations involving Prestige Gymnastics and its facilities. I hereby waive any right to inspect or approve the finished picture, advertising copy or other matter that may be used in conjunction with pictures of me. I hereby release, discharge and agree to save Prestige Gymnastics, its representatives, assigns, employees or any person acting with its permission, from and against any liability as a result of any distortion, alteration or use in composite form of my picture. I hereby certify that I am the parent and/or guardian of _____, a minor under the age of twenty one years and that I have read this Release, I agree to it and I fully understand the contents of it.

Parent/Guardian's signature _____ Date _____

POLICIES AND PROCEDURES

I have received and read all the membership policies and agree to adhere to these policies. Signature _____

WAIVER

I understand that participation in gymnastics involves motion, rotation and height in a unique environment and carries with it the risk of injury. I understand that I will be responsible for the primary expenses which may occur from my child's participation in gymnastics. With this in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the program. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Prestige Gymnastics and/or its representatives whether paid or volunteer.

Signature _____ Date _____

Name Printed _____