

Student Information

Student's Name Sex Age D.O.B. Home Phone: ( )
Student's Name Sex Age D.O.B. Cell Phone: ( )
Street City State Zip Emergency: ( )

Medical conditions or allergies to which we should be alerted?:
Mom's Name: Place of Business: Phone:
Dad's Name: Place of Business: Phone:
How did you learn about Champion Gymnastics & Cheer?
Has anyone in your family ever been enrolled at Champion Gymnastics & Cheer?
If your child were to appear in a group or individual photo taken on our premises, are we free to use it for advertising purposes (brochure, etc.)?

Class Information

1st Choice \*.....Level: Age/Grade Day: Time: \*
2nd Choice \*.....Level: Age/Grade Day: Time:
1st Choice \*.....Level: Age/Grade Day: Time: \*
2nd Choice \*.....Level: Age/Grade Day: Time:

\* See you the first day of class!!..WE ONLY CALL IF THERE IS A PROBLEM SUPPLYING YOUR FIRST CLASS CHOICE!

Payment Information

Annual registration fee (if not current).....\$ 25.00
Tuition (Full payment required. Payment fully refundable if your 1st class choice is not available).....\$
TOTAL ENCLOSED .....\$ (CHK # )

Assumption of Risk, Waiver of Liability, Medical Authorization

As legal guardian of \_\_\_\_\_, 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, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person (s) participating in any and all Champion Gymnastics & Cheer LLC programs and activities and I ACCEPT ALL RISKS associated with that participation.
In consideration for allowing my child (ren) to use these facilities, I, on my own behalf of my child (ren) and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Champion Gymnastics & Cheer LLC, it's officers, directors, 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 Champion Gymnastics & Cheer LLC including, without limitation, those damages or injuries resulting from acts of negligence of its officers, directors, employees, or agents.
In the event of an accident or emergency I would like my above mentioned child (ren) to be taken to a hospital for medical treatment and I hold Champion Gymnastics & Cheer LLC 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 my child (ren) as a result of any injury sustained while participating at or for Champion Gymnastics & Cheer LLC.
I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent or Legal Guardian's Signature Date

Ph: 740.452.1200

**REGISTRATION**

Office Use: I II III IV V VI