



“Safety First, Last, and Always”

FOR OFFICE USE ONLY

Starting Date ____ / ____ / ____	Month	Paid	Owe	Month	Paid	Owe	Month	Paid	Owe
Classes _____									

GLEASON'S GYMNASTICS REGISTRATION FORM

Students' Name _____ LAST FIRST MIDDLE Sex _____ Age _____ Birthdate ____ / ____ / ____

Parents' Names _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____ Mom's Work # _____

Emergency Contact _____

Email Address _____

Are there any physical or emotional limitations the instructors should consider when working with your child? Yes No

ACKNOWLEDGMENT OF RISK & RELEASE

As with any activity involving motion, rotation, and height, gymnastics & related activities (e.g., cheerleading & tumbling) have the potential for injury to the participant. Gleason's Gymnastics, Inc. has taken numerous steps toward reducing this risk, however, accidents may still occur. No matter how careful the gymnast and the coach are, no matter how many spotters are used, and no matter what height or landing surface is involved, the risk cannot be eliminated completely. The potential for injury may range from the relatively minor (bruises or cuts) to more serious injuries (dislocations and broken bones) and ultimately includes catastrophic injuries, such as paralysis or even death.

In consideration of the applicant by Gleason's Gymnastics, Inc., as well as the applicant's opportunity to improve gymnastic skills through the use of Gleason's staff and facilities, those legally responsible for the above-named student realize the risk of injury involved and hereby agree to assume responsibility for said student, and further agree to save and hold harmless Gleason's Gymnastics, Inc., its employees, and all others concerned, and to indemnify them against loss. By signing below we acknowledge and accept the foregoing and hereby affirm that we now have and will continue to provide adequate health insurance coverage for the above-named student.

Signature of Parent or Legal Guardian _____

Date _____