Student Information

Last Name | Home Phone | Cell Phone | Street Address

First Name (Student 1) | Sex | DOB | City, State, Zip

First Name (Student 2) | Sex | DOB | e-mail address (for events notifications, closings, coupons)

First Name (Student 3) | Sex | DOB

Mom's full name | Employer | Work Phone | Cell Phone

Dad's full name | Employer | Work Phone | Cell Phone

Emergency Contact Name | Home Phone | Cell Phone

Acknowledgement of Risk and Waiver of Liability

As legal guardian of_____, I herby consent to the aforementioned person/s participating in Kids Gym classes and activities. I recognize the potentially sever injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and dance related activities.

I understand that it is the express intent of Kids Gym to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release Kids Gym, its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Kids Gym.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Kids Gym. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

_____

Parent or Legal Guardian Signature Date

Permission for Medical Treatment

I authorize Kids Gym to take the necessary steps regarding medical attention (I.e., administering first aid, calling emergency medical service, transporting to the hospital) and will allow authorities hospital staff to treat my child for any illness or injury he/she has sustained.

_____

Past injuries or illnesses we should know about

_____

Signature of Legal Guardian Date

_____

Primary Doctor Phone Number

Photo Release: Kids Gym may use photos taken of my child for publication purposes. Yes_____ No_____

_____

Signature of Legal Guardian Date

Class Information

Session_____

Class title_____

Day of the Week_____

Time of Day_____

Payment History

Date	Method	Amount