Lawrence Gymnastics & Athletics
REGISTRATION FORM

Date_____

1. Student's Name_____Age_____D.O.B.____/____/____Sex_____
(First) (Last) (MI)
2. Student's Name_____Age_____D.O.B.____/____/____Sex_____
(First) (Last) (MI)
2. Student's Name_____Age_____D.O.B.____/____/____Sex_____
(First) (Last) (MI)

Address_____City_____Zip_____Phone_____

Mother/Guardian_____
(If different)Address_____
City_____Zip_____
Home#_____Cell_____
Work #_____
Email_____

Father/Guardian_____
(If different)Address_____
City_____Zip_____
Home#_____Cell_____
Work #_____
Email_____

Emergency Contact (other than parent) _____Phone #_____

Please list any medical or physical conditions we should be aware of: ADD/ADHD_____ Autism_____
Asthma_____Food Allergies_____Diabetes_____Seizures_____Other_____

How did you hear about Lawrence Gymnastics & Athletics? (Please check all that apply)
☐ Friend ☐Birthday Party ☐Newspaper ☐Internet ☐ Phone Book ☐ Other

---

ACKNOWLEDGMENT OF RISK, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT

Name of Child(ren) participant(s): (if under 18 years of age) _____

Name of Adult Participant:_____

As the parent or legal guardian of the above named child(ren) I hereby consent to their participation in the programs offered by Lawrence Gymnastics Academy, Inc. and to the use of all facilities at Lawrence Gymnastics Academy, Inc. By the very nature of the activity, gymnastics, cheerleading, dance and trampoline all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed successfully, the risk cannot be eliminated. Reduced, yes, but never eliminated. **I UNDERSTAND AND ACCEPT THAT RISK.**

In consideration of my child's participation, I hereby release and covenant not-to-sue Lawrence Gymnastics Academy, and its affiliates, and their respective owners, officers, directors, operators, and/or any of their employees, teachers, coaches, or agents, and successors from any and all present and/or future claims resulting from ordinary negligence on the part of Lawrence Gymnastics Academy, Inc., or others listed for property damage or personal injury, arising as a result of my child's participation in gymnastics, cheerleading, dance, trampoline or any other activities, or any activities incidental thereto while at Lawrence Gymnastics Academy, wherever, whenever, or however the same may occur.

As the parent or legal guardian of the above named child(ren), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating in any program of instruction, recreation or competition at, for, or under the direction of Lawrence Gymnastics Academy, Inc. or for any injury sustained on the premises.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

From time to time various Lawrence Gymnastics Academy staff members may take photographs of students and staff for use in various informational, promotional and advertising efforts. I agree to such use.

Parent/Guardian (or self if over 18)_____

Class Choice

Athlete_____Class_____Day_____Time_____
Tuition (circle one) monthly/session amount $_____

Athlete_____Class_____Day_____Time_____
Tuition (circle one) monthly/session amount $_____

Office Use: Employee_____ Entered_____ T-shirt_____ Registration_____Cash_____Ch#_____ V_____ MC _____