



REGISTRATION FORM

Date: _____

Student's Name: _____ Gender: M or F **DOB:** _____

Mother's Name: _____ Cell/Home Phone: _____

Father's Name: _____ Cell/Home Phone: _____

Primary Contact Person (Guardian): _____

Email Address(es): _____

Address: _____

City: _____ State: _____ Zip: _____

Alt. Contact: _____ Alt. Contact Phone: _____

Does your child have any medical conditions of which we should be aware? Yes No

If yes, please explain:

Is there anything else that we should know about your gymnast? _____

WAIVER and RELEASE: I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in this activity/event. I hereby release, acquit, covenant not to sue, and forever discharge The Athletic Edge, its owner, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners and lessors of any facilities within which the Activity is conducted, their respective agent and employees and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in anyway related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the gymnast's participation in the Activity and the transportation of the above named gymnast to and from Activity (collectively the "Released Claims"). I have read the Policies and Procedures for parents, spectators, and participants and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard.

PRINT NAME of Parent or Legal Guardian _____

SIGNATURE of Parent or Legal Guardian _____

**** YOU WILL BE CHARGED \$10 MONTHLY IF YOU ARE NOT SET-UP FOR RECURRING PAYMENT.****

- OFFICE USE ONLY -

Class Name: _____ Day/Time of Class(es): _____

Tuition (Charged): \$ _____ Membership Fee (Charged): \$ _____ Total Collected:\$ _____

Charged Decline Fee? _____ Sibling Name: _____

Multiple Child Discount? _____ Date of First Official Class: _____

Wait List? YES NO iClass Autopay Charged Filed