

## REGISTRATION FORM

**Trial classes: complete sections 1 & 2**  
**New student enrollment: complete all sections**

### Greenville Gymnastics Academy and Cheer

**1** Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Last Name \_\_\_\_\_

	Student Name(s)	Age	Date of Birth	Sex	Medical Alerts
1				M/F	
2				M/F	
3				M/F	

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **2 Acknowledgment of Risk, Waiver of Liability, Medical Authorization**

AS LEGAL GUARDIAN OF \_\_\_\_\_, I RECOGNIZE THAT POTENTIALLY SEVERE INJURIES, INCLUDING BUT NOT LIMITED TO PERMANENT PARALYSIS OR DEATH CAN OCCUR IN SPORTS 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 PARTICIPATING IN ANY AND ALL GGAC PROGRAMS AND ACTIVITIES AND ACCEPT ALL RISKS ACCOCIATED WITH THAT PARTICIPATION.

IN CONSIDERATION FOR ALLOWING MY CHILD TO USE THIS FACILITY, I, ON MY OWN BEHALF OF MY CHILD AND OUR RESPECTIVE HEIRS ADMINISTRATORS, EXECUTORS AND SUCCESSORS, HEREBY FOREVER RELEASE AND COVENANT NOT TO SUE GGAC, DIRECTORS, EMPLOYEES, VOLUNTEERS AND ALL OTHER ASSOCIATED WITH THE CORPORATION FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY MY CHILD WHILE UNDER THE INSTRUCTION, SUPERVISION, OR CONTROL OF GGAC.

IN THE EVENT OF AN EMERGENCY, I WOULD LIKE MY ABOVE MENTIONED CHILD TO BE TAKEN TO A HOSPITAL FOR MEDICAL TREATMENT AND I HOLD GGAC AND IT'S 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 AS A RESULT OF AN INJURY, SUSTAINED WHILE PARTICIPATING AT OR FOR GGAC.

I HAVE READ AND UNDERSTAND THIS **ACKNOWLEDGEMENT OF RISK** AND **WAIVER OF LIABILITY** AND **MEDICAL AUTHORIZATION**. I **VOLUNTARILY** AFFIX MY NAME IN AGREEMENT.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN DATE

## **3 Family Information**

_____ Mother's Name (First & Last)	_____ Contact Phone #	_____ Place of Business	_____ Phone #
_____ Father's Name (First & Last)	_____ Contact Phone #	_____ Place of Business	_____ Phone #

**Emergency Information:** \_\_\_\_\_  
 Name Relationship Phone#

**Primary Insurance Carrier:** \_\_\_\_\_

## **4 Billing Information**

**Person responsible for payment:** \_\_\_\_\_  
 Name Relationship Phone

**Billing Address (if different from above):** \_\_\_\_\_  
 Address City State Zip