STUDENT INFORMATION

Student's Name(s): _____

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: (____) _____-_____ Mother's Work: (____) _____-_____ Father's Work: (____) _____-_____ Other: (____) _____-_____

Mother's Cell: (____) _____-_____ Father's Cell: (____) _____-_____ Emergency Contact Name _____ number: (____) _____-_____

Student's Name	Age	Birthdate	1st Class Choice	2nd Class Choice
1: _____	1: _____	1: _____-_____-_____	1: _____	1: _____
2: _____	2: _____	2: _____-_____-_____	2: _____	2: _____
3: _____	3: _____	3: _____-_____-_____	3: _____	3: _____

WAIVER AND RELEASE FORM

I fully understand that Stacey's Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Stacey's Gymnastics staff to render temporary first aid to my child, children or self in the event of any injury or illness, and if deemed necessary by Stacey's Gymnastics staff to call our doctor and to seek medical help, including transportation by a Stacey's Gymnastics staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said participant should Stacey's Gymnastics staff deem this to be necessary.

Parent or Guardian Signature (or participant, if over 18): _____ Date: _____ /_____ /_____

We, the staff of Stacey's Gymnastics recognize our obligation to make our participants and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, dance and aerobics. Participants may suffer injuries; minor, serious, or catastrophic in nature or even death in rare cases. Gymnastics, tumbling, cheerleading, dance and aerobics can be dangerous and can lead to injury!

Parents should make their children/self aware of the possibility of injury and encourage their children/self to follow all the safety rules and the coaches' instructions.

Stacey's Gymnastics, its coaches and other staff members, will not accept responsibility for injuries sustained by any participant during the course of gymnastics, tumbling, cheerleading, dance or aerobics instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child, children or self participate in the programs offered by Stacey's Gymnastics. I, my executors or other representatives wave and release all rights and claims for damages that I or my child, children or self may have against Stacey's Gymnastics and or its representatives whether paid or volunteer. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Stacey's Gymnastics will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature (or participant, if over 18): _____ Date: _____ /_____ /_____

Are there any concerns, health or otherwise, that we should know about the participant?

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Insurance company name _____

Doctor name _____ Doctor phone number _____