

SOLID ROCK

Gymnastics

CHILD
 LAST) _____ FIRST) _____
 AGE) _____ BDAY) _____ GENDER) _____

CHILD'S PRIMARY RESIDENCE
 ADDRESS) _____ CITY _____ ZIP _____
 HOME PHONE _____

MOTHER) LAST _____ FIRST _____
 WORK # _____ CELL _____
 Drivers Lic # _____ DOB _____

FATHER) LAST _____ FIRST _____
 WORK # _____ CELL _____
 Drivers Lic # _____ DOB _____

Email Address _____
 Important for gym communications (practice changes / class announcements)

Does this child have any conditions/allergies that we should be aware of?

How did you find out about SOLID ROCK GYMNASTICS?

Class Enrolling For)

Parent Tot	PS-1	PS-2	PS-3	Boys	Lvl-1/2	Lvl-3	D-Team	Pre-Team
1 st class choice)	Day(s) of Week M T W Th S				Class Time) _____			
2 nd class choice)	Day(s) of Week M T W Th S				Class Time) _____			

We, the staff of Solid Rock Gymnastics Inc. recognize our obligation to make sure gym participants and parents are aware of the risks and hazards involved in the sport of gymnastics, tumbling, and trampoline. Gymnastics, tumbling and trampoline can be dangerous and students may suffer injuries, possibly minor, serious or catastrophic in nature or even death. Parents should make their children aware of the possibility of injury and should encourage children to follow all safety rules and coach's instructions. With the above in mind and being fully aware of the risks involved, by signing below, I knowingly and willingly assume the risks involved in participation and I release (discharge, covenant not to sue, agree to indemnify and hold harmless) Solid Rock Gymnastics, Inc., all employee's and John & Danelle Catlett (releasees) from all claims (liability, losses or damages) on account of any injury which may be sustained by me and my/our child while attending or traveling to or from classes or any other event sponsored by Solid Rock Gymnastics, Inc. Consequently, I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the releasees that may result from personal injury or accident of any sort suffered by me or my child. I further agree that if despite this release, anyone on the participants behalf makes claim against any of the releasees named above, I will indemnify and hold harmless the releasees from any litigation expenses, attorney fee, loss liability, damage or any cost that may occur as a result of such claim.

Medical: I understand that the staff members of Solid Rock Gymnastics Inc. are not medical practitioners of any kind. With this in mind, I hereby authorize by signing below, staff members to render temporary first aid to me or my child in the event of an injury or illness, and if deemed necessary, to call a physician and to seek medical help including transportation by a Solid Rock Gymnastics, Inc., staff member or it's representative, whether paid or volunteer, to any health care facility or hospital, or the calling of an emergency vehicle/ ambulance for said child should the staff member deem necessary.

Insurance: By initialing, I affirm that I now have and will continue to carry proper primary medical, health, hospitalization and accident insurance, which I consider adequate for the participants' protection. I believe the participants to be qualified and in good health and proper physical condition to participate in all activities.

Signature _____ Date _____

PLEASE READ AND INITIAL
 I understand that monthly class tuition is **due no later than the 15th** of each month for following month and that any payments received after the 15th for any reason will be assessed a **\$15 late fee**. I also understand that once paid, tuition and fees are non-refundable.
 _____(Initial)

<i>For Office Use</i>	
Start Dt _____	New OR Returning
Enroll Fee \$ _____	
Class Cost \$ _____	
Total Pd \$ _____	Cash / Ck# _____
Processed By _____	