



MARIN ELITE GYMNASTICS ACADEMY

FOR OFFICE USE ONLY

Class: _____

Trial Date: _____

Fee Paid: _____

Enrollment Complete: _____

Registration/Release Form

Please Print Clearly

Student's Name: _____ Birthdate: _____ Age: _____ M / F

Home Phone Number: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Who should we thank for referring you to MEGA? _____

I agree that photos, video and audio recordings including the child/ren named above may be used by MEGA for marketing purposes.

Yes _____ No _____

Doctor's Name: _____ Phone: _____

Does your child have any issues (behavioral, learning, or health) that our coach needs to be aware of in order to help your child experience success in our program? N _____ Y _____ *if yes please explain _____

Parent's Initials

WAIVER AND RELEASE OF LIABILITY

In consideration for my child's participation, I understand and agree to the following:

- _____ 1. My child is in good health.
- _____ 2. I understand that gymnastics is a sport involving height and motion, which creates risk and the possibility of catastrophic injury, or death. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all responsibilities herewith.
- _____ 3. I hereby release Marin Elite Gymnastics Academy (MEGA) from any and all present and future claims resulting from ordinary negligence on the part of MEGA for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics or any activities incidental thereto.
- _____ 4. The undersigned, as a parent or guardian of the student registered on the form, hereby authorizes MEGA and its delegated staff and directors to consent to any medical and hospital care to be rendered to said minor upon advice of a licensed physician. This consent is given pursuant to the provisions of section 25.8 of the Civil Code of California. It is understood that, time and circumstances permitting the staff, while not required to, will endeavor to communicate with me prior to such treatment. The undersigned agrees that MEGA and its staff and management are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This consent is given to MEGA in connection with any classes, activities or authorized events and is in effect until revoked in writing and delivered to MEGA.

I have read and understand the aforementioned, and by signing this form, waive any and all claims against Marin Elite Gymnastics Academy.

Signature _____

Date _____