

# Gymlingo Academy, LLC

219 S. Main St. Oconomowoc, WI 53066 (262)354-0071 www.gymlingo.com

New Student Registration Form 20\_\_ - 20\_\_ Fall\_ Winter\_ Spring\_ Summer\_

Student's Last Name: \_\_\_\_\_ Father: \_\_\_\_\_

First Name: \_\_\_\_\_ Mother: \_\_\_\_\_

Adult \_\_ or DOB(m/d/y): \_\_\_\_\_ School: \_\_\_\_\_ Address: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Father's Work/Cell Phone: \_\_\_\_\_

DOB(m/d/y): \_\_\_\_\_ School: \_\_\_\_\_ Mother's Work/Cell Phone: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ \*Email(print): \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ How did you hear of our program? \_\_\_\_\_

First Name: \_\_\_\_\_

DOB(m/d/y): \_\_\_\_\_ School: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Medical Information:** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**For Office Use Only** Receipt Number: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Class Fee: \_\_\_\_\_

Discount/Credit: \_\_\_\_\_ Total Due: \_\_\_\_\_

## Individual Photography Consent and Release

I hereby grant Gymlingo Academy, permission to use and release photographs and other images of my child/children for all Gymlingo Academy related promotional materials, marketing efforts and productions without restriction. This release applies to all images of my child/children in print, electronic, video and broadcast formats, in addition to the use of my child's name, comments and endorsements that may serve to assist Gymlingo Academy with its promotional and marketing efforts. I agree that Gymlingo Academy may share these images with other media for purposes related to Gymlingo Academy's promotional and marketing efforts. In so doing, I release all claims against Gymlingo Academy and other media with respect to copyright, publication or use of such photographs or video footage, including any claims for compensation related to their use.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

## Release and Waiver of Liability, Assumption of Risk, Medical Authorization, and Indemnity Agreement

In consideration of Gymlingo Academy LLC allowing my child to participate in gymnastics, which I hereby acknowledge involves greater than normal risks of injury, I agree as my child's parent/guardian to assume all risks, costs, or losses sustained by me, my child, or my family as well as others in interest thereof in connection with his/her participation in gymnastics classes, camps, lessons, and other programs.

I give permission to Gymlingo Academy and/or appropriate medical staff or facility to make whatever emergency measures as judged necessary for the care and protection of my child while under the supervision of Gymlingo Academy. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. I understand that my child will be transported at my expense. In some situations, the staff will need to contact the local emergency resource before informing me, my child's physician, and/or any other adult acting on my behalf.

Because of the danger of the sport, I understand the importance of following the coaches' instructions regarding techniques, training and other rules and agree to obey such instructions. **WARNING!! CATASTROPHIC INJURY, PARALYSIS, OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE GYMNASTICS ACTIVITIES.**

Further, I, hereby release, agree to defend, indemnify and hold harmless Gymlingo Academy's officers, directors, employees, or volunteers, and any owners or lessors from any claims, losses or expenses incurred by or on behalf of me, my child, and my child's family, as well as heirs, executors, administrators, legal representatives, assignees, and successors in interest thereof, including any all claims arising from the releasees own negligence.

**Agreement to Pay and Acceptance of Rules and Policies:** I agree to pay the full semester's tuition. I fully understand that there are no credits or refunds for any missed classes. I have read and understand Gymlingo Academy's rules and policies and agree to abide by them.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_