



**Popov Gymnastic Academy, Inc.
Student Registration Form**

1st Student Name: _____ **Birth date:** _____ **Sex:** M / F

2nd Student Name: _____ **Birth date:** _____ **Sex:** M / F

3rd Student Name: _____ **Birth date:** _____ **Sex:** M / F

Home Address: _____

City: _____ **State:** _____ **Zip Code** _____ **Home Phone:** _____

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

Email Address: _____ **Work Phone:** _____

Current Employer: _____ **Occupation:** _____

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

Email Address: _____ **Work Phone:** _____

Current Employer: _____ **Occupation:** _____

Health Insurance Provider: _____ **Phone:** _____

Primary on Policy: _____ **Policy #:** _____

Emergency Contact: _____ **Home Phone:** _____ **Cell Phone:** _____

Physician: _____ **Phone:** _____

Pertinent Medical Conditions/Info, Allergies, Physical Limitations: _____

How did you hear about us or from whom? _____

Popov Gymnastic Academy, Inc. Registration, Waiver and Release Form

Family Name(s): _____

Read Carefully, Initial and Sign

Statement of Readiness, Proper Physical Condition and Good Health

In consideration of participating at Popov Gymnastics Academy, Inc, I represent and certify that all participants are qualified, in good health, and in proper physical condition (as determined by a physician) to participate in such any and all gymnastics and related activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance and coverage, which I consider adequate for both my child's protection and my own protection.

Initial: _____

Waiver

I, the undersigned, fully understand that despite all possible precautions implemented for safety, gymnastics is a legally inherent risk activity and I (we) assume all risks including, but not limited to risk of catastrophic injury even death, as well as other damages and losses associated with participation in the program and activities. I willingly and knowingly assume all such risks. I understand that it is my responsibility to review the policies, practices, procedures and guidelines of the Popov Gymnastics Academy, Inc and its various programs from time to time. I am aware that participation in this sport has potential to be a dangerous activity involving many risks of injury. I understand the dangers and risks include but are not limited to serious injury to internal organs, injury to all bones, ligaments, muscles, tendons, and other parts of the body death, serious neck or spinal injury, which may result in paralysis and brain damage,. I understand the dangers and risks while playing, practicing or competing may result not only in serious injury, but also in serious impairment to future ability to earn a living, engage in business, and quality life.

Initial: _____

Release

I, my executors, assigns or other representatives, waive and release all rights and claims for damages that I or my child may have against and covenant not to sue Popov Gymnastics Academy, Inc and or its officers, employees, other participants, volunteers, sponsors, advertisers, and, if applicable, owners and lessors of premises on which any activity takes place, representatives, whether paid or volunteer (considered "RELEASEES") from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

Initial: _____

Marketing Release

I understand that my child's likeness may be used in Popov Gymnastics Academy, Inc. ads, promotional video, website materials, or various other marketing. This images will be used for Popov Gymnastics Academy, Inc. purposes only, and will not be sold or given to outside companies or individuals.

Printed Name of Parent/Legal Guardian: _____ Date: _____

Parent or Guardian Signature: _____