



CROSSROADS ELITE  
GYMNASTICS ACADEMY

440-268-6363  
14767 Pearl Road, Strongsville OH 44136  
Admin@CrossroadsEliteGymnastics.com

**Student Registration**  
TEAM

PARTICIPANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENTS/LEGAL GUARDIANS' NAMES \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATION \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_ ALTERNATE NUMBER \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\*\*\*\*\*

Staff will complete this portion:

TODAY'S DATE \_\_\_\_\_

Participated in gymnastics previously? \_\_\_\_\_ If yes, where? \_\_\_\_\_

What level was competed at last season? \_\_\_\_\_



### Waiver & Release of Liability Agreement

Bernie's Crossroads Gymnastics LLC, DBA as Crossroads Elite Gymnastics Academy ("Crossroads Elite") is not responsible for any injury (or loss of property) to any person while practicing, training, taking class, competing, participating in open gym, special events, demonstrations or shows, or in any other way involved in gymnastics or teams at Crossroads Elite for any reason whatsoever, including ordinary negligence on the part of Crossroads Elite, its members, managers, agents, or employees.

As the parent/legal guardian of \_\_\_\_\_, I give my consent for \_\_\_\_\_ to participate in programs at Crossroads Elite. I understand that participation in gymnastics and related activities may result in unavoidable injuries due to the height, motion and rotation of the unique activities of a gymnastics environment. These injuries may include muscle strains and tears, broken bones, and severe injuries such as permanent paralysis or even death.

As consideration for allowing the above-named minor child to participate in activities with Crossroads Elite, I waive any and all rights or causes of action against Crossroads Elite and its employees and voluntarily assume the risk of such injury to participant, his/her heirs, executors, successors and assigns from any and all liability, actions, claims, and causes of action whatsoever on account of or in any way related to the participation in Crossroads Elite activities and do hereby agree to fully indemnify Crossroads Elite for any medical expenses or other damages resulting from any such accidental injury to participant while training or performing at or for Crossroads Elite, except where such expenses or damages are the result of the intentional or reckless conduct of Crossroads Elite.

I grant consent for my/minor's picture to be taken or to be filmed while participating in activities at Crossroads Elite. I authorize Crossroads Elite to use and publish images, photographs, pictures, and audio, video and/or film footage of me/minor in all forms of media and in all manner for publication including, but not limited to, advertising and marketing campaigns, press releases, periodicals, and website use. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release Crossroads Elite from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video and/or film footage of me.

I am at least 18 years of age, have thoroughly read this acknowledgment of risk and waiver, understand it completely and am signing voluntarily.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
Participant's Name



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**Medical Release Form**

PARTICIPANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MOTHER/LEGAL GUARDIAN NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER/LEGAL GUARDIAN NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

**Medical History**

List any allergies or intolerance to food or medication \_\_\_\_\_

List any medications currently being taken \_\_\_\_\_

List any injuries, surgeries or illnesses that may interfere with gymnastics \_\_\_\_\_

List any restrictions or special considerations \_\_\_\_\_

Do you give permission for non-prescription medications? (Ibuprofen, throat lozenges, etc) \_\_\_\_\_

**Physician Information**

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Group Number \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency where parents/legal guardians cannot be reached, I hereby give my consent for the administration of treatment deemed necessary by any medical personnel summoned. I further consent to the necessary transportation of my child to a medical facility, and any medical and hospital care deemed necessary and rendered upon the advice of a licensed physician. Crossroads Elite and its employees 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 authorization and consent to treatment is given in connection with any authorized event, and shall remain effective until revoked in writing and delivered to Crossroads Elite.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
Participant's Name