

2021-2022

**Registration
Form**



**Payment
Method**

___ invoice

___ check

**Student Information
(one form for each student)**

Student's Name _____ Age _____

Date and Year of Birth _____ Grade _____ School & District _____ / _____

Parent/ Guardian Names _____

Phone Numbers for Parents/Guardian (Circle preferred number) Home # _____

Cell #1 _____ Cell #2 _____
(for use during class time)

Mailing Address _____ City _____ State _____ Zip _____

Parent/ Guardian Contact Email (Needed) _____

Emergency Name/ Number _____
(if parents cannot be reached)

Previous Gymnastics / Dance Training (School/ # of years) _____

List any injury, medical condition, behavioral condition, allergy (including food allergies) or other condition that the instructors and staff should be aware of:

* Students with Down Syndrome must also have doctor permission, after a neck x-ray, on file at Gemini to participate in Gymnastics or Tumbling. *

Class	Day	Time	Check Here

To Register for Classes please return this completed form, along with the waiver & release of liability, to the office with a \$20 registration fee or \$30/family.



**Waiver/ Release of Liability
Please Read Carefully**

Student Name(s)

(1) _____

(2) _____

(3) _____

Waiver/ Release of Liability

In consideration of the benefits derived from KiRin, Inc DBA Gemini Gymnastics & Dance ("Gemini"), I do hereby agree to indemnify and hold harmless, release and discharge the sponsoring organization of Gemini, its agents, servants, employees, and volunteers from any and all claims for personal injuries or property damage occurring to or sustained by my child or myself while participating in any activity or while in the act of being transported to and from said activity and including any and all consequential damage claims which I may be entitled to recover from said injury or property damage claim. I recognize that injuries, including catastrophic injury, permanent paralysis or death can occur in any activity involving height or motion.

An inherit risk of Covid-19 exists in any public place where people are present. We cannot guarantee that you will not be exposed.

Medical Treatment Release

I hereby give my consent to Gemini to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my/my child's participation.

Publicity Release (optional)

I hereby grant Gemini permission to use the image and likeness of the above named student(s). I understand that said image and likeness may appear in various media forms including but not limited to print and internet. I also understand that said use will be for commercial purposes and without compensation. I certify that I am authorized to grant such permission. I may revoke the publicity release at any time with written notice to Gemini Gymnastics & Dance.

Initials _____

I agree that I understand the terms above and that I am signing voluntarily and that I am authorized to sign.

Signature of Parent or Guardian _____ **Date** _____

or
Student Signature (18 or older) _____ **Date** _____

Clearly Print Name _____

