**Genesis Gymnastics Academy**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling 3 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling 2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling 4 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any medical conditions or allergies of which we should be aware?** \_\_\_ Yes \_\_\_No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?**\_\_\_ Friend \_\_\_\_ School Advertisement \_\_\_\_Malco \_\_\_\_ Internet \_\_\_\_other\_\_\_\_\_\_

Accident Release Form

The above child has my permission to attend Genesis Gymnastics Academy. I confirm that she/he is good health. I give my permission for officials to call a doctor or emergency personnel in the event that I can’t be contacted. I hereby release and forever discharge Genesis Gymnastics Academy, it’s directors’, agents, employees, instructors, attendants and those assigned by reason of any and all known and/or unknown injuries (physical and/or mental), disabilities, diseases, damages, losses and expenses (past, present or future) arising out of or connected in any manner with an accident or injury sustained by our said minor child (or her/his heirs, executors and assigns) while said minor child is engaged in participation in, gymnastic activity, exercise, training, or maintained at or by the Genesis Gymnastics Academy, it’s agents, directors, employees, instructors, attendants and/or agents.

The consideration for the execution of this release is our desire and intention to have the aforementioned minor child use the facilities and equipment of Genesis Gymnastics Academy. I make and execute this release of our own free will in accordance with the rules and regulations set up by Genesis Gymnastics Academy on this

I understand that we will give a **30 day notice** if we choose to leave GGA.\_\_\_\_\_\_\_ (initial)

If we do not give 30 day notice, then we understand that we are still responsible to pay a full month of tuition.\_\_\_\_\_\_ (initial)

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I have read the foregoing release and guidelines and fully understand them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’/Guardian signature

Primary Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to post pictures of child(ren) on website and Facebook yes\_\_\_\_\_\_ no\_\_\_\_\_\_**

Registration Month \_\_\_\_\_\_\_\_\_\_\_\_ Registration Fee\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pro-rated Month amount\_\_\_\_\_\_\_\_\_\_\_\_ 1st Month tuition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_