



Aiken Gymnastics, Inc.
428 Monetta Street
Aiken, SC 29801
649-7556

Registration & Release Form

CHILD'S FULL NAME _____

DATE OF BIRTH _____ AGE _____

FATHER'S CELL _____ MOTHER'S CELL _____

SCHOOL ATTENDING _____

FATHER'S NAME _____

FATHER'S EMPLOYER _____

MOTHER'S NAME _____

MOTHER'S EMPLOYER _____

WORK PHONE _____

HOME ADDRESS _____

CITY _____ ZIP _____ HOME PHONE _____

EMAIL _____

NAME OF MEDICAL INSURANCE CO. AND POLICY NUMBER STUDENT COVERED
UNDER _____

EMERGENCY CONTACT (RELATION) _____ PHONE _____

CHILD'S PHYSICIAN _____ PHONE _____

PREFERRED HOSPITAL _____ PHONE _____

If your child is subject to any diseases or illnesses (such as epilepsy) please list. Also list any other pertinent information concerning any handicaps, limitations, or medical information.

Is your child allergic to any medicine? _____

If the parents or guardians and preferred physician named above, cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of proper authorities, do you authorize and direct the instructors to send the child (properly accompanied) to the hospital most easily accessible? _____

Class enrolled in _____ Day of class _____

Time of class _____

RELEASE AND INDEMNIFICATION

In consideration of allowing the student whose name appears on the reverse side of this form (hereinafter Student) to enroll in a gymnastics school and program and the use by student of the premises and property of said school, the undersigned being legal and acting guardians of the student, release and agree to indemnify and hold harmless Aiken Gymnastics, Inc., its successors and assigns and its owners, officers, employees, and agents of and from any and all liability, claims, demands, actions and causes of action whatsoever, and all costs and expenses associated therewith, including attorneys fees, arising out of or related to any loss, damage or injury including death, that may be sustained by the student and or the undersigned, or any loss or damage to any property of the student and/or the undersigned while in, on, or upon the premises upon which the school is conducted, or any premises under the control and supervision of Aiken Gymnastics, Inc. or in route to or from any of said premises, or while at any other premises or place when undertaking activities sponsored by or participated in by Aiken Gymnastics, Inc., its owners, officers, employees, agents or students. The undersigned, acting for themselves and the student, hereby voluntarily assume all risk of loss, damage, or injury, including death, that may be sustained by the student and/or the undersigned, while in, on, or upon said premises described above or while in route to or from said premises.

In signing this release, each of the undersigned hereby acknowledges and represents:

- A) That he or she read the foregoing release, understands it and signs it voluntarily.
- B) That the undersigned as "legal guardian" are in fact the true legal guardians of the student, are over the age of twenty-one years and of sound mind.
- C) That the information furnished on the reverse side of this form is true and correct and Aiken Gymnastics, Inc. will be notified in writing of any changes.

Tuition Agreement (Please initial)

_____ Tuition is due at the beginning of the first class of the month. If the tuition is not paid by the 7th of each month, you will be charged a \$15 late fee. If your child is dropped off to the first class of the month without payment they will not be allowed to participate.

_____ There are no refunds for missed classes for any reason. You are paying for your child's spot in their class.

Name of person responsible for payment _____
relation to participant _____ Phone number _____

Email _____

I have read and understand this release and my financial obligations.

Parent/ Guardian

Signature _____ Date _____



AIKEN GYMNASTICS, INC.
428 Monetta St.
AIKEN, SC 29801

tel. (803) 649 - 7556
fax (803) 643 - 9600

Web PAGE, ADVERTISEMENT & PHOTO PERMISSION/RELEASE FORM

From time to time Aiken Gymnastics may wish to publish individual or team photos, images and/or first names on web pages, programs, flyers, video clips, commercials and/or advertisements. In these circumstances, published images of the athlete or references to athlete's first names may be used. The athlete's address and phone number will not be published in or on any material, Internet, or website or any form of advertisement at any time.

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

We GRANT our permission for Aiken Gymnastics to display individual or team photos, images and/or first name on web pages, programs, flyers, video clips, commercials and/or advertisements for _____, at no
(Athlete's full name)

cost to Aiken gymnastics. We further authorize the use of individual or team photos, images and/or first name on web pages, programs, flyers, video clips, commercials and/or advertisements for an indefinite length of time or until a written request to remove all material is made to the director of Aiken Gymnastics.

We understand that our permission waives any liability to Aiken Gymnastics for displaying individual or team photos, images and/or first name on web pages, programs, flyers, video clips, commercials and advertisements and we agree not to bring any claims against Aiken Gymnastics or the web master or managing vendor for or on account of, such display.

(Signature of Parent or Guardian) (Date)

(Signature of Athlete) (Date)

We DENY our permission for Aiken Gymnastics to publish individual or team photos, images and/or first names on web pages, programs, flyers, video clips, commercial and/or advertisements of

(Athlete's full name)

(Signature of Parent or Guardian) (Date)

(Signature of Athlete) (Date)