BAYSHORE ELITE MOBILE GYMNASTICS REGISTRATION FORM

Referral name:_____   **PLEASE PRINT LEGIBLY**

Parent/Guardian Information

Mother/Guardian Name:_____Occupation:_____ Email:_____

Home Phone (   )_____Cell (   )_____Work (   )_____

Father/Guardian Name:_____Occupation:_____ Email:_____

Home Phone (   )_____Cell (   )_____Work (   )_____

ADDRESS:_____**CITY:**_____**STATE:**_____**ZIP:**_____

Student #1:_____Sex:_____Age:_____DOB:_____/_____/_____

Student #2: :_____Sex:_____Age:_____DOB:_____/_____/_____

Student #3: :_____Sex:_____Age:_____DOB:_____/_____/_____

Emergency Contact:_____**Relation**_____**Phone**_____

MEDICAL CONDITIONS OR ALLERGIES:_____

NOTE: IF CHILD IS UNDER THE AGE OF 18 PARENT MUST SIGN AND GIVE PERMISSION FOR RELEASE.

ASSUMPTION OF RISK ~ WAIVER OF LIABILITY~ PHOTO RELEASE ~ MEDICAL AUTHORIZATION

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports and rock climbing can result in severe injuries, permanent paralysis, brain damage, or even death. I am also aware that participation in some activities such as day camp involves transportation to and from field trips, which carries the risk of injury or death by vehicular accident.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE BAYSHORE ELITE MOBILE GYMNASTICS, CLOVERS LLC, and their officers, directors, shareholders, employees, contractors, invitees, licensees, and agents("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If despite this agreement, I or any third party on my behalf makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such claim.

In the event of an accident or emergency **I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT**, at my cost, and will hold you harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care. I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you. **I have read and understand this Assumption of Risk, Waiver of Liability, Medical Authorization and Photo Release.**

Parent/Guardian Signature:_____ **Date:**_____/_____/_____

FOR OFFICE USE ONLY:

REGISTRATION ENTERED BY (INITIALS):_____ **TRIAL DATE**_____

CLASS LEVEL:_____**DAY:**_____**TIME:**_____**START DATE**_____**COACH**_____