



## Registration Form/ Covid-19 waiver

Please print clearly:

Child's name: \_\_\_\_\_ age: \_\_\_\_\_

Parent's name: \_\_\_\_\_ cell: \_\_\_\_\_

Email: \_\_\_\_\_

Class Day and time: \_\_\_\_\_

Please initial your preference:

\_\_\_\_\_ I authorize Gym Rompers to use my photo or my child's photo on their facebook page, instagram, in advertising, or on their website.

\_\_\_\_\_ I DO NOT authorize Gym Rompers to use my photo or my child's photo on their facebook page, instagram, in advertising, or on their website.

**I understand that Gym Rompers is a parent/child play program and I understand that I am solely responsible for my child's safety while attending the program.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Covid-19 liability release:

**I acknowledge the contagious nature of covid-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by covid-19 while attending Gym Rompers classes. I voluntarily agree to accept sole responsibility for any injury to my child(ren) or myself.**

**I agree that I will not attend class if I have been knowing exposed to anyone with covid-19 or if I am experiencing any of the known symptoms.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_