

2008-2009

DeVeau's School of Gymnastics
Registration Form

Annual Family Registration Fee: \$32

Date Paid: _____ Method of Payment: _____

Family Information (must be completed by each family)

Parent or Guardian Name Home Phone Work Phone Cell Phone Occupation

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Billing Information

Address City Zip

E-Mail: _____

Insurance Information

Insurance Carrier Policy Number

Emergency Contact (to be contracted in the event of an emergency when parents cannot be reached)

Name Relationship Home Phone Work Phone Cell Phone

Student Information (to be completed for all active participants)

Name Date of Birth M/F Allergies or Special Medical Conditions Class Level Day Time

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Consent to Participate (must be signed by responsible billing party)

I hereby grant my consent for my son/daughter to participate in the programs offered by DeVeau's School of Gymnastics. I have read and understand the rules and policies of the organization and consent to all applicable fees incurred.

Responsible Billing Party Signature

Date

Release (must be signed by legal guardian)

I fully understand that DeVeau's School of Gymnastics, Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release DeVeau's School of Gymnastics, Inc. staff to render temporary first aid to my child or children in the event of any injury or illness and if deemed necessary by DeVeau's School of Gymnastics, Inc. staff to call an ambulance for said child

Legal Guardian Signature

Date

Waiver of Liability (must be signed by legal guardian)

While safety of all our participants is the top priority, there is inherent risk involved in any activity that involves height and motion. Please read our safety guidelines and help us encourage all children to follow them:

I understand that there is inherent risk involved in any activity that involves height and motion. I hereby waive and release all rights and claims for damages that I have at any time against DeVeaus's School of Gymnastics, Inc. and it's employees for an injury or damage that is sustained while under DeVeau's School of Gymnastics instruction, supervision or control. I confirm that the above child is in good health.

Legal Guardian Signature

Date

Please sign both pages of this form