

2011/2012 ENROLLMENT FORM: Please fill out one form per student. For families with multiple children to register, please enter the registration fee on the eldest child's form.

NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____ SCHOOL: _____

PARENTS: Mom: _____ (Home) _____ (Work) _____ (Cell) _____

Dad: _____ (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

EMERGENCY CONTACT INFO:

Name and Relationship: _____ Phone#: _____

MEDICAL LIMITATIONS/ALLERGIES: _____

Student's Physician: _____ Phone#: _____

Preferred Hospital: _____

Tri Town Waiver and Parents, Students and Coaches/Instructor Understanding:

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a gymnastic event. I further agree that Tri-Town Gymnastics, the Host Organization, and sponsors of a Tri-Town Gymnastics sanctioned event, along with the employees, agents, officers and directors of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Parent Signature (for minors): _____ Date: _____

Parent Signature: _____ Date: _____

(For adults in Parent/Child Class) ** An additional adult waiver will need to be signed the first day of class**

****NOTE: Effective Immediately, we are asking NO PARENT OR ADULTS, other than coaches or instructors be allowed on the trampolines, tumble tracks or inflatable devices.**

****Please register for your first and second choices for class. ** (If your 1st choice is not available we will use your 2nd choice)**

1st CLASS LEVEL: _____ GIRL: _____ BOY: _____

CLASS DAY(S): _____ CLASS TIME: _____

2nd CLASS LEVEL: _____ GIRL: _____ BOY: _____

CLASS DAY(S): _____ CLASS TIME: _____

CIRCLE:	Pre-school	Gymnastics	Registration Fee (\$30.00):	\$ _____
			Insurance Fee (\$25.00):	\$ _____
			First Monthly Payment	\$ _____
			Total Payment	\$ _____

I, hereby, verify the above information is correct and I understand my financial obligations to Tri-Town Gymnastics, Centre. I understand that a 30-day written notice requirement for discontinuing classes.

Signed x _____ Parents/Guardian) Date: _____

Received by: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the pre-school, gymnastic, or tumbling classes at **TRI-TOWN GYMNASTICS CENTRE** I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue **TRI-TOWN GYMNASTICS CENTRE**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ **Date:** _____
Print name of participant

Signature of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee my incur as the result of any such claim.

_____ **Date:** _____
Print name of Parent/or Legal Guardian

Signature of partner/ or Legal Guardian