Office Use Only: ***DATE:*** / /

Program or Activity (Circle below):
Gymnastics / Tumbling / Private Lesson / B. Party / Open Gym or PNO / Other (specify) _____

☐ *Tried Out.. Date:* *Class:* ☐ *In Accounting System*

☐ *Signed up.. Date:* *Class:* ☐ *In Customer Database*

Registration / Waiver / Medical Release Form

Regular Program, Private Lesson, Evaluation, Camp, Visitor, Open Gym, PNO, Birthday Party

1

Student/Child **First Name:** _____ **Mid.:** _____ **Last Name**: _____

Birthday: / / Gender: (circle one) M / F Grade: School:

Home Address: City: Zip code:

Mom or Dad Email @: Home Phone: Cell Phone:

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Mother Name: Work or Additional Ph.#: Occupation:

Father Name: Work or Additional Ph.#: Occupation:

Emergency Contact Name and Ph.#: Doctor Name & Ph.#:

Insurance Company Name & Policy #:

List Medical / Existing or Past Injury / Conditions / Allergies (if any):

3

Competitive only: USAG or TAAF #: Exp. Date: Gym/City: Level:

4

Release and Waiver Form: ***Read very carefully…***

I give my approval for my child, or the above named student participation in any and all activities of the program, including use of inflatables. I hereby forever waive, and forever release and discharge Zenith Elite Gymnastics Academy LLC (ZEGA), their officers, directors, employees and agents from all liabilities, all damages, and injuries suffered by the participant in connection with use of equipments, instructors, and facilities. I understand that participation is entirely by my own choice and with the understanding that there are risks, the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height. ZEGA is not responsible in any way, for anything that happens before, or after the students designated class, birthday party, Saturday night out, sleep over time or any activity organized by ZEGA.

Medical Attention: I understand that Zenith Elite Gymnastics Academy (ZEGA) staff members are not physicians or medical practitioners of any kind. I however authorize the representatives of ZEGA to render first aid to my child, or the above named student, and if deemed necessary to provide emergency medical services through a medical staff of ZEGA choice, transportation by a ZEGA staff or member, or the calling of an ambulance, that may be required due to an injury or illness during any activity at or for ZEGA. I also acknowledge that medical insurance is not provided by ZEGA.

Drop Procedure: I will be billed for my child, or the above named student by ZEGA for the 30 days after the date our office staff receives my written class drop notice. I am aware that a detailed Rules & Policies document is available for me to read online at www.zenithgym.com, or printed at the front office.

Media Material: I hereby grant permission for ZEGA or ZEGA representatives to record any or all of my child, or the above named student participation in the program or special events for photos, videos, motion pictures, website, flyers and other media, and to use them in any matter to ZEGA promotion or ZEGA advertising purposes only.

Check Mark here ☐ if I do not grant permission for ZEGA to use media material with my child to advertising purpose.

I do hereby verify that I have read, understand, and accept each of the above policies and conditions shown,

By my signature below (Parent or Legal Guardian signature required) **Signer Printed First & Last Name** **Date**

_____ _____ _____/_____/_____

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(you may check mark more than 1 box if need be)

- **Please, how have you heard about us?** ☐ Yellow Pages ☐ Ad / Flyer ☐ Newspaper / Article ☐ Internet ☐ Drove by ☐ Friend ☐ Other (please specify):
- **Referred by (if any):**