

Registration / Waiver / Medical Release Form

Regular Program, Private Lesson, Evaluation

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

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

Home Address: City: Zip:

Email Address: Ph.# 1: Ph.# 2:

2 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 #: Previous Gym and 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, or any healthcare provider made available by 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 the above named student by ZEGA for the 30 days after the date our office staff receives my written class drop or hold of account notice. I am aware that a detailed Rules & Policies doc is available to read online at www.zenithgymnastics.com, or 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,

Date	Signature	Signer First & Last Name	D.L. # / State
/ /	_____	_____	_____

5 **Please, how have you heard about us?** (you may check mark more than 1 box if need be)

Ad / Flyer Newspaper / Article Website Facebook
 Drove by Friend Other (please specify): _____

➤ Referred by (if any): _____



Office Use Only: **Circle...** *Gymnastics / Tumbling / Private Lesson / Other (specify)* _____

Tried Out.. Class: _____ Try Out Date: / /
 Signed up.. Class: _____ Sign up Date: / /
 In Accounting System In Pro-School Note: _____