

ROOTS GYMNASTICS CENTER 2008 ENROLLMENT FORM

209 Root Road ♦ Westfield, MA 01085

www.rootsgymnastics.com

REGISTRATION INFORMATION*

Name	M/F	D.O.B.	Class Type	Day & Time
1st Child				
2nd Child				
3rd Child				

Please list any medical limitations, allergies, injuries/illnesses that may affect participation.

Primary Medical Insurance:

Primary Physician Name:

*A \$25.00 registration fee per child is due upon enrollment each year.

Parent/ Guardian Information

Name:

Address:

Phone #:

Work Phone#:

Cell Phone#:

Email:

Emergency Contact Name:

Emergency Contact Address:

Emergency Contact Phone #:

Would like to register online in the future? Y/N

If yes, please choose a password.

How did you hear about us?

SAFETY/LIABILITY WAIVER

Warning of Risk

Gymnastics is intended to challenge and engage the physical, mental and emotional resources of each participant. The sport demands strength, balance and body control. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injuries, spinal cord injuries (including paralysis) and bone and joint injuries. Understandably, not all hazards and dangers can be foreseen. The very nature of gymnastics is hazardous and risky, including but not limited to failing to successfully complete a maneuver, falls, over-rotating, overexertion, attempting skills beyond ability, lack of conditioning, improper warm-up, recklessness on equipment, horseplay, inadequate or defective equipment, spacing between the mats, lack of or poor spotting, inadequate supervision or instruction, and all other risks inherent to gymnastics. In this regard, it is impossible for Roots Gymnastics Center to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child might sustain as a result of participating in any and all activities connected with and associated with this program /activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child may have (or accrue to me or my child) as a result of participating in this program/activity against Roots Gymnastics Center, including its officials, agents, volunteers and employees. In addition to the above mentioned Warning of Risk and Waiver and Release I also agree to:

1. Comply with the rules and policies of Roots Gymnastics Center.
2. I hereby certify that the child/ren enrolled in programs at Roots Gymnastics Center are willingly able to participate in this program without any restrictions.
3. I will allow my child/rens photo to be included in advertising, bulletin boards, brochures and newsletters.

Parent/Guardian Signature X:

Date: