

**IF YOU ARE UNDER 18 YOUR LEGAL
GUARDIAN MUST SIGN THIS FORM**

Castle Rock School of Gymnastics Registration Form

Reg. ___/___/___	Trial ___/___/___
Session Fee _____	Reg. Fee _____
New Mem ___ Yes ___ No	

Student Information

Student Name _____

DOB ___/___/___ Age _____ Sex _____

Class _____ Day _____ Time _____

Student Name _____

DOB ___/___/___ Age _____ Sex _____

Class _____ Day _____ Time _____

Student Name _____

DOB ___/___/___ Age _____ Sex _____

Class _____ Day _____ Time _____

Address _____

City _____ Apt _____
Zip _____

Home Phone _____

Cell Phone _____

Emergency 1st Contact _____

Emergency Contact Phone # _____

Medical conditions/allergies _____

E-Mail Address _____

How did you learn about CRSG? _____

Family Information

Mother's Name _____ Place of Business _____ Phone _____

Father's Name _____ Place of Business _____ Phone _____

Terms & Conditions

Late Tuition: I understand that if tuition is not paid during "tuition week", it will be subject to a **\$5.00 late fee** and could result in my child being dropped from the program.

Refund Policy: I understand CRSG offers **NO REFUNDS** once a session has started.

Makeup Policy: I understand there are no make-ups unless CRS Gym is closed.

Rules & Guidelines: I have read and understand the "Rules & Guidelines" of CRSG and affix my name below in agreement.

Assumption of Risk/Waiver of Liability

I certify I am the parent/legal guardian of the above-named student(s). I fully understand that gymnastics carries a risk of serious bodily injury, including permanent disability, paralysis, and death. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I may incur as a result of my and/or my child's participation.

I hereby release, discharge, and covenant not to sue Castle Rock School of Gymnastics, its respective administrators, directors, agents, officers, volunteers, or employees, other participants, any sponsors, advertisers, and if applicable, owners or 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 agree that if despite this Assumption of Risk/Waiver of Liability, 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 may incur as the result of such claim.

I have read the **Assumption of Risk/Waiver of Liability**, understand that I have given up substantial rights by signing it, have signed it freely and without any inducement or assurance of any nature, intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and affix my name in agreement. I have received a copy of this Assumption of Risk/Waiver of Liability.

Sign _____ Print _____ Relationship _____

Date ___/___/___