

\_\_\_\_ New \_\_\_\_ Renewal  
\_\_\_\_ Session

# Registration

Book: \_\_\_\_  
Computer: \_\_\_\_

YEAR: \_\_\_\_\_

#1 Student's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
#2 Student's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
#3 Student's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
#1 Parent Participant's Name \_\_\_\_\_ #2 Adult Participant's Name \_\_\_\_\_

If renewing during this season, you need not complete the Family Information section unless there has been a change.

Family Information				
_____	_____	_____	_____	( ) _____
Street	City	State	Zip	Home Phone
Mom's Name: _____	Employer: _____	Phone: ( ) _____		
Dad's Name: _____	Employer: _____	Phone: ( ) _____		
Mom's Cell: ( ) _____	Dad's Cell: ( ) _____	Other: ( ) _____		
Has your child ever been enrolled at GymQuest Sports A YES NO		Email: _____		
Are there any medical conditions or allergies that we should know about? YES NO		If so, please explain on the back of this form.		
How did you learn about GymQuest Sports Academy? (If by word of mouth, from whom?) _____				

Student 1 Class Information				
Program 1				
1st Choice Class: _____	Day/Time: _____	Class Fee: _____	Discount% _____	
Program 2				
1st Choice Class: _____	Day/Time: _____	Class Fee: _____	Discount% _____	

Student 2 Class Information				
Program 1				
1st Choice Class: _____	Day/Time: _____	Class Fee: _____	Discount% _____	
Program 2				
1st Choice Class: _____	Day/Time: _____	Class Fee: _____	Discount% _____	

Student 3 Class Information				
Program 1				
1st Choice Class: _____	Day/Time: _____	Class Fee: _____	Discount% _____	
Program 2				
1st Choice Class: _____	Day/Time: _____	Class Fee: _____	Discount% _____	

Payment Information				
Annual Reg	\$ _____			
Student 1 Amount Due:	\$ _____	Cash		
Student 2 Amount Due:	\$ _____	Check	# _____	
Student 3 Amount Due:	\$ _____	Charge		
TOTAL AMOUNT DUE	\$ _____	Coupon or		
		Credit Voucher	_____	

# Registration 2007-2008

## WAIVER OF LIABILITY & ASSUMPTION OF RISK

In consideration of allowing the previously declared participant(s) to begin participation at GymQuest Sports Academy activities, while on the premises and properties of GymQuest Sports Academy, the undersigned, for themselves, and/or being the legal guardian of participant, acting for themselves and on behalf of the participant release and hold harmless, INS Gymnastics Inc., dba/GymQuest Sports Academy, its owners, officers, employees, and agents, of and from any and all liability, claims, demands, and causes of actions whatsoever, rising out of or relating to, any loss, damage, or injury, including death, that may be sustained by the participant(s) and/or the undersigned, while in or upon the premises on which GymQuest Sports Academy is conducted, or any premise under control and supervision of GymQuest Sports Academy its owners, officers, employees and agents or in route to or from any of said premises or place when activity sponsored by or participated in by GymQuest Sports Academy, its owners, officers, employees and agents.

**ASSUMPTION OF RISK** – Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damages, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises. The said premise may but is not obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned agrees to:

- a) That he/she has thoroughly read and understands completely the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned, signing for either themselves, or as Legal Guardian is, in fact, the true and legal guardian and has consent of the participant.

**MEDICAL RELEASE** – The undersigned gives permission for the GymQuest Sports Academy owners, officers, employees and/or agents, to seek emergency medical treatment for the participant(s) in the event they are unable to reach the parent or guardian. The undersigned also agrees that they are themselves will be responsible for any financial debt incurred by said action. It is the policy of GymQuest Sports Academy to request transport to the closest Children's Hospital, unless a written note with specific alternate instructions is attached to this form.

**MARKETING RELEASE** – I understand that my child's likeness may be used in GymQuest Sports Academy ads, promotional material, website material, bulletin boards, or other various marketing. These images will be used for GymQuest Sports Academy purposes only, and will not be given or sold to outside companies or individuals.

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Conditions or Allergies:**

Student's name: \_\_\_\_\_

Condition or Allergy: \_\_\_\_\_

Student's name: \_\_\_\_\_

Condition or Allergy: \_\_\_\_\_