

STUDENT REGISTRATION FORM

Student's Last Name _____

Student's First Name _____

Birth Date _____ Age _____ Male Female

Health Insurance Company _____

Does this student have any allergies, health or physical conditions we should be aware of: Yes No Please describe: _____

List Current Medications _____

How did you hear about Kips? _____

Student's Previous Gymnastics Experience _____

Home Phone () -

Mother's Last Name _____ First _____

Father's Last Name _____ First _____

Address _____

City _____ Zip _____

Billing/Contact E-Mail _____

Non-Parent Emergency Contact (Mandatory):

Name _____ Phone () _____

Mother's Cell Phone () _____

Father's Cell Phone () _____

ASSUMPTION OF RISK—INDEMNITY AGREEMENT

This agreement is made in favor of Kips School of Gymnastics, Inc. (hereinafter known as Kips), their respective employees, officers, agents and instructors. To induce them or any of them to permit the undersigned and/or any minor children of the undersigned to receive instruction and utilize equipment owned or operated by Kips in gymnastics training and instruction, or in related instruction. I recognize that gymnastics, in any shape or form, and the travel associated therewith involve a high degree of risk of personal injury, but not limited to: bruises, scratches, skin irritation and blisters; muscle soreness, strains and sprains; bone fractures, paralysis and even death. I hereby assume the risk of all such injuries, whether to myself or to any of my minor children engaging, or observing in any of all such activities with Kips. I expressly release and agree to defend and indemnify Kips, their respective employees, agents, officers, and instructors from any and all claims, demands and liabilities for injury to the undersigned and/or my minor children arising out of said activities.

It is the intention of this document that the undersigned assumes all risk of injury to the undersigned and the minor children of the undersigned and that the parties to whose benefit this agreement insures be free of all liability and damages for any such injuries and be indemnified, defended and held harmless by the undersigned for all risks and damages associated therewith.

I grant Kips School of Gymnastics, Inc., and/or its legal representatives and assigns, the irrevocable, absolute and unrestricted right and permission to use, copyright and publish the likeness, portraits, photographs, film or videos of my child or in which my child may be included, for advertising purposes. I hereby release Kips School of Gymnastics, Inc., and its legal representatives and assigns from all claims, royalties, and liability relating to the use of said likeness, portrait, photograph or films/videos.

I certify that I have read and understand and accept this waiver and release along with the policies of Kips School of Gymnastics, Inc.

Signature Parent/Legal Guardian Date

Print Name Relationship to Student

Permission to Treat (optional) I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should an accident or sickness occur in my absence.

Signature of Parent/Legal Guardian Date