## **REGISTRATION FORM (under 18 years of age)**

Student Name		Sex	Age	DOB	Home Phone Number
Address	City		State INFORMATION	Zip N	
Mom's Name	(	Cell Phone #			E-Mail
Dad's Name Emergency contact Name:	C	Cell Phone #		Emorgon	E-Mail
				Emerger	icy priorie number
Medical conditions or special ne	eas to which we should be aler	tea:			
REFERRED BY: How did you learn about Freedo					
now did you learn about Freedo	iii Gyninastics !				
		Class Info	<u>ormation</u>		
Age	Level	D	ay		Time
	LEDGEMENT OF RISK * WAI	VER OF LIAE	BILITY * PHOT	O RELEAS	SE * MEDICAL AUTHORIZATION
my son/daughter will be exp staff members assigned to d suspension and/or dismissa in those activities involving trampoline.  I understand that i consideration for allowing m release Freedom Gymnastic suffered by my child while u discharges and holds harmle causes of action for death, w of services, property damag undersigned's children the u of or incidental to the partici of Freedom Gymnastics, the I am aware that inc child's/children's participatic purposes or advertising.  As legal guardian may by incurred by my child	ected to abide by the establisticect the program. I recognized from the program including the state of the expression intent of Freezy child to participate in gymposis, their officers, owners, emponder the instruction, supervitess Freedom Gymnastics the prongful death, personal injure, and/or breach of contract, undersigned's heirs, or any opation of the child in the Freeir officers, owners, employed dividual and group publicity on I hereby grant my permission of the aforementioned personas a result of any injury sus	shed rules, g ze that failure ize that poter out not limited edom Gymna nastics class ployees, teach sion, control eir employees ry, (whether p made by or co ther person of edom Gymna es, teachers, photos and w sion for my class.	uidelines and a to comply we ntially severe d to gymnasticus to proves, obstacle of Freedom (os, owners, teaphysical, emon behalf of the stics, whether coaches and rideos are take hild's likeness gree to individe participating	safety pro ith the above injuries, in cs, cheerle dide for the standing cla ches, from a Gymnastics achers and a otional and/ ne undersigne ar or not reso other affilia en from time is to be used	s, I recognize, understand and acknowledge that cedures and to obey the staff, assistants and all we mentioned items may result in immediate cluding permanent paralysis or death can occur ading, dance, obstacle training, tumbling and safety and protection of my child and in sees, birthday parties, field trips hereby forever all liability for any and all damages and injuries. Specifically, the undersigned hereby releases, coaches from any and all claims, liability and/or for psychiatric or any combination thereof), loss gned, the undersigned's spouse, the gned or his/her child, occasioned by, arising out sulting from or caused by negligence on the parties. He to time and in consideration for me or my d in Freedom Gymnastics publicity, training side for the possible future medical expenses, the and/or events with Freedom Gymnastics. Stood completely, is signed voluntarily as to its
Parent or Legal Gua	rdian's Signature				Date
PERMISSION TO TREAT (op	tional)				
I hereby give my permission to absence.	trained medical professionals to	administer em	nergency medic	al treatment	to my child should sickness or accident occur in my
Parent or Legal Gua	rdian's Signature			!	Date
Students may	not participate in c	lass unti	I we rece	ive this	form completed and signed.

• Submit to: Freedom Gymnastics \* 116 Pilgrim Way (off 115 across from Brodheadsville Library), Brodheadsville PA 18235