

Registration Form



(One per child, please PRINT clearly)

Student _____

Age _____ Date of Birth _____ Gender _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

1st Guardian Name _____ Cell # _____

Email Address _____

2nd Guardian Name _____ Cell # _____

Email Address _____

Emergency Contacts if guardians cannot be reached:

Name: _____ Phone # _____

Name: _____ Phone # _____

Class Name: _____

1st Choice Day: _____ Time: _____

2nd Choice Day: _____ Time: _____

How did you hear about GymCats Gymnastics?

Parent or guardian: Please read, then sign and date.

Athlete Membership Agreement and Information

Read the following carefully and sign below. NOTE: Parent signs if student is under 18 year.

Fill in all blanks; submit forms for current season only bearing original signatures (photocopies or facsimiles not acceptable).

Agreement:

In consideration of my membership in Two Jacks, Inc., dba Gym Cats, from here out known as Gym Cats, and my participation in Gym Cats classes, events and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of Gym Cats
2. Readiness to Participate: I will only participate in those Gym Cats classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. Medical Attention: I hereby give my consent to Gym Cats and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events, including the use of inflatables, trampolines, foam-filled pits and climbing apparatus.
5. Payment Responsibility: I, the undersigned, have read the attached Rules and Policies governing registration and payment. No refunds will be given. I understand that I am registering my child (children) for a full session whose total fee is \$ _____.

I further agree that Gym Cats, and the sponsor of any Gym Cats event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identifies above.

Information:

Primary Medical Insurance: I am covered by primary health/medical/accident insurance through: _____ signature of Athlete: X _____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Gym Cats.

Printed name of Parent/Guardian: _____
Signature of Parent/Guardian: X _____ Date: ___/___/___

If Paying by Credit Card: Visa MasterCard

Credit Card # _____ Exp. Date _____

V code (numbers on back of card) _____

Signature: X _____ Date _____

Additional Information:

Physical or Psychological Handicaps: _____

Allergies, etc: _____

For Office use only:

Full Payment Total Due _____ 2nd payment _____

Split Payment Total Due _____ Balance w/ late fee _____

1st Payment w/Install fee _____

Balance Due _____