

Gymnastics Elite Student Registration Form

Student Information:

Student: _____ D.O.B.: ____ / ____ / ____

Class Day: _____

How did you hear about us? _____

Parent/Guardian Information:

Mother's Name: _____ Cell: (____) - _____ Work: (____) - _____

Fathers Name: _____ Cell: (____) - _____ Work: (____) - _____

Address: _____ City: _____ Zip: _____

Home Phone #: (____) - _____ E-Mail Address: _____

Who to call if parents cannot be Reached:

Name/ Relation _____ Phone: _____

Name/ Relation _____ Phone: _____

Doctors Name _____ Phone: _____

Medical Insurance _____ Policy # : _____

Intolerance to drugs or medication? _____

Any previous illness or injury the staff should be aware of? _____

If so, are there any restrictions? _____

West - 6910 N. Mesa Ste H El Paso, TX 79912 East - 12115 Rojas Ste 900 El Paso, TX 79936

Club Waiver and Release Form

I fully understand that Gymnastics Elite staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Gymnastics Elite staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Gymnastics Elite West Staff to call a doctor and seek medical help, including transportation by a Gymnastic Elite staff member and or its representatives, whether paid or volunteer, to and health care facility of hospital, or the calling of an ambulance for said child should the Gymnastics Elite staff deem this to be necessary.

We, the staff of Gymnastics Elite recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students that suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, tumbling, and cheerleading can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instruction. Gymnastics Elite, its coaches and other staff members, will not accept responsibility for injuries sustained by any students during the course of gymnastics, tumbling, dance, cheerleading instruction, open workouts, or in the course of any exhibition, competition or clinic in which he or she may participate or while traveling to or from an event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Gymnastics Elite. I, or my child may have against the Gymnastics Elite and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parents should warn the child according to what the parent feels is appropriate. Gymnastics Elite will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature: _____ Date ____ / ____ / ____