

GYMNASTICS PACIFICA, Inc.
1830 Compton Avenue
Corona, CA 92881
(951) 734-1052

Trial Class: _____
Start Date: _____
Class: _____
Day: _____ **Time:** _____
Coach: _____

REGISTRATION / RELEASE FORM

Parents First Names: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Fathers Work Phone: _____ Mothers Work Phone: _____

Emergency Phone Contact Phone: _____ Emergency Contact Name: _____

Alternate Payment: Name: _____ Phone: _____

Email Address: _____

Referral Source: _____ (How did you hear about Gymnastics Pacifica)

Student First Name: _____ Last Name: _____ **Student** Birth date: _____

Student First Name: _____ Last Name: _____ **Student** Birth date: _____

Student First Name: _____ Last Name: _____ **Student** Birth date: _____

Please list any medical problems that the gym needs to be aware of: _____

By signing this notice, I hereby consent for my child to be treated by any medical personnel summoned by Gymnastics Pacifica, If my child is injured and I cannot be contacted.

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

I hereby consent to the above named person participating in the programs offered by Gymnastics Pacifica. I recognize that potentially sever injuries, including sprains, strains, broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics.

I UNDERSTAND AND ACCEPT THAT RISK. I also realize that my child will be performing and training on all gymnastics events plus various other training devices, including the trampoline.

I further understand that while the payment for tuition and registration fees constitutes a part of the consideration due to Gymnastics Pacifica for allowing my child to use the facilities and equipment at Gymnastics Pacifica. An additional and important part of the consideration due to Gymnastics Pacifica is this signed release form.

Therefore, in consideration for allowing my child to use Gymnastics Pacific's equipment and facilities, I hereby forever release Gymnastics Pacifica, it's owner, officers, employees, teachers, and coaches from all liability for any and all damage and injuries suffered by my child while under the instruction, supervision, or control of Gymnastics Pacifica, it's owner, officers, employees, teachers or coaches.

As the parent or legal guardian of the aforementioned person, I hereby agree to individually protect for the possible future medical expenses, which may be incurred by my child as a result of any injury, sustained while training at, for, or under the direction of Gymnastics Pacifica.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.