



Registration Information		Acknowledgement & Waiver of Liability
Today's Date:		<p>As a condition for participation in activities offered by Exceleration Gymnastics Center, LLC., the undersigned hereby acknowledges and agrees as follows:</p> <ol style="list-style-type: none"> <li>1. There are certain risks inherent to participation in gymnastics, cheerleading, tumbling, physical fitness or other related activities, which can result in injury to the participant.</li> <li>2. Participant engages in all activity with full knowledge of the possible risks.</li> <li>3. Participant, participant's parents, siblings, and other family members hereby acknowledge that risks of injury are inherent, and hereby waive on behalf of Participant, themselves, and any minor siblings, their heirs, successors or assigns, any and all claims in tort or for civil liability against Exceleration Gymnastics Center, LLC arising from the foreseeable and/or customary risks of the sport or intended activity.</li> <li>4. The undersigned hereby states that Participant has no medical or physical conditions which would prevent Participant from fully participating in all normal and customary activity of the sport, and agrees to immediately notify Exceleration Gymnastics Center, LLC in writing if such medical or physical limitation occurs.</li> <li>5. <b>In the event of a cancellation, the parent or legal guardian of participant must complete the cancellation form on the next page.</b></li> </ol>
Student Name:		
Gender (circle one):	Male      Female	
Age:		
Birthday:		
Mother's Name:		
Father's Name:		
Address:		
City:		
State:		
ZIP:		
Home Phone:		
Cell:		
Email Address:		
Session & Class you are enrolling in?	Which weekday?	
Emergency Contact Information		
Name:		
Relationship:		
Phone Number:		
Doctor's Name:		
Doctor's Phone:		
<b>Referred by:</b> (Earn \$25 off your monthly tuition. Ask office personnel for details)		
Please list any intolerances to drugs or medication:		
Please list any notable illness, injury or conditions:		

*I fully understand that the Exceleration Gymnastics Center does not employ a medical practitioner of any kind. I hereby release Exceleration Gymnastics Center to render first aid to my child in the event of any injury or illness and if deemed necessary, to call an ambulance, which I agree to pay for.*

**SAFETY:** *I understand that I am responsible for my child's behavior and safety while on the Exceleration Gymnastics Center premises – including parking lots, restrooms, waiting area, etc. I also understand that other unregistered students in my care are not allowed beyond the retaining wall, or near any gymnastics apparatus.*

Signature of Participant (if 18 years or older): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian\*: \_\_\_\_\_ Date: \_\_\_\_\_

*A \$35.00 annual registration fee applies to all new students- due with your first regular payment.*



## Cancellation Form

v.5.05.09

Customer Information		
Today's Date:		<p>We make every effort to listen &amp; react to the needs of our valuable customers. We are sorry to lose your business and hope that you will share with us the reason(s) for your decision to cancel. This will help us to improve our services and facilities for the future. Please use the space provided below to briefly describe how we can improve.</p>
Student Name:		
Mother's Name:		
Father's Name:		
Address:		
City:		
State:		
ZIP:		
Home Phone:		
Cancelling what team/class?		
Which weekday?		
Date of Last Class:		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\* Charges for monthly tuition will continue until this form is completed by the parent or legal guardian responsible for monthly tuition & fees.***

*A \$35.00 annual registration fee applies to all new students- due with your first regular payment.*

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