



Form of Payment _____ Total Paid _____ Start Date _____ Class 1. _____ 2. _____
Student Payment: _____ (pro-rate) + _____ (monthly) + _____ (misc) - _____ (discounts) = _____
Sibling Payment: _____ (pro-rate) + _____ (monthly) + _____ (misc) - _____ (discounts) = _____

# REGISTRATION FORM

Student's Name (First – Last) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Guardian's Name (First – Last) \_\_\_\_\_ Guardian's Phone \_\_\_\_\_ (cell or work)

Guardian's Name (First – Last) \_\_\_\_\_ Guardian's Phone \_\_\_\_\_ (cell or work)

Caretaker's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Other than Names Above)

Emergency Contact's Relationship to Student \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Student's Daily Medications \_\_\_\_\_

Other Medical Conditions or Previous Injuries \_\_\_\_\_

For Office Use Only:  MB _____ RB _____ C _____
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If you would like to enroll, please submit the following items immediately following this trial:

- √ Complete & Return an Enrollment Card
- √ Sign & Return a Policies Sheet
- √ Pay for the Remaining Lessons in the Month

\_\_\_\_ initial

*Without the above items, your child's space will not be saved.*

## Release of Liability and Indemnity Agreement

I am fully aware of and appreciate the risks, including catastrophic injury, paralysis and death, as well as other injuries, damages, and losses that may result from participation in physical activities taught or conducted at Gold Star Gymnastics and on the equipment used at Gold Star, and travel related to such activities.

On my own behalf, on behalf of my representatives and heirs, and on behalf of my minor child or children, I hereby voluntarily agree to release, hold harmless and indemnify Gold Star Gymnastics, L.L.C., its officers, directors, agents and employees (hereinafter collectively "Gold Star"), from any and all claims for personal injury, property damage or wrongful death, and any damages resulting therefrom, that may arise out of, or are in any way related to, my participation in activities involving Gold Star and travel related to such participation.

To the extent I am signing this release on behalf of a minor child, I expressly represent that I am that child's parent or guardian and am authorized to sign this on their behalf.

I understand that this release is intended to discharge in advance Gold Star from and against any and all liability arising out of, or in any way related to, my participation in activities involving Gold Star, and related travel, even liability may arise from Gold Star's negligence, or other conduct by Gold Star. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. No other representations concerning the legal effect of this document have been made to me.

I have read and understand the terms of this release of liability and indemnification agreement, and I agree to be bound by its terms.

\_\_\_\_\_  
Child Participant's Name (Please Print)

\_\_\_\_\_  
Parent or Guardian's Name (Please Print)

\_\_\_\_\_  
Adult Participant's Name (Please Print)

\_\_\_\_\_  
Signature of Parent or Guardian on behalf of Child Participant or Adult Participant

\_\_\_\_\_  
Date

## Permission to Render Emergency Aid

I, the parent or legal guardian of the above-named minor, fully understand that Gold Star Gymnastics, L.L.C. staff members are not physicians or medical practitioners of any kind. With the foregoing in mind and in the event that any kind of injury or illness should occur to my child while on Gold Star premises, I hereby authorize Gold Star staff members to render first aid as deemed necessary in their discretion and/or to seek medical assistance, including calling 911 or otherwise arranging for the transport of my child to an appropriate medical facility for treatment. Additionally, I hereby authorize any trained and licensed medical professional to administer emergency medical treatment to my child should injury or illness occur in my absence. I understand that Gold Star will make every effort to promptly notify me of any such emergency.

I have read and understand the above Permission to Render Emergency First Aid and I hereby give my express written consent to its provisions.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date