



Office Use Only:			
1 st Class: _____	Day: _____	Time: _____	Date: ___/___/___
2 nd Class: _____	Day: _____	Time: _____	Payment Rec'd: \$ _____
3 rd Class: _____	Day: _____	Time: _____	Cash <input type="checkbox"/> CC <input type="checkbox"/> Ck# _____

PARTICIPANT REGISTRATION FORM

1st Participant's Name: _____ Sex: M F DOB: ___/___/___
(Last) (First) (M.I.)

2nd Participant's Name: _____ Sex: M F DOB: ___/___/___
(Last) (First) (M.I.)

3rd Participant's Name: _____ Sex: M F DOB: ___/___/___
(Last) (First) (M.I.)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Mother's Name: _____ Cell # _____ Work #: _____

Father's Name: _____ Cell # _____ Work #: _____

Guardian's Name: _____ Cell # _____ Work #: _____

Emergency Contact (Other than Parents): Name: _____ Phone #: _____

	MEDICAL INFORMATION					
	1 st Child		2 nd Child		3 rd Child	
	Yes	No	Yes	No	Yes	No
1. Does the participant(s) have any physical or mental health concerns? If yes, please explain: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the participant(s) require the regular use of any medications or medical appliances/devices? If yes, please explain: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the participant(s) have allergies to any medications or food? If yes, please explain: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about us? _____

What would you like to gain from our program(s)? _____

Dudziak's School of Gymnastics
RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK

This Release, Waiver of Liability, and Assumption of Risk limits the rights of recovery for damages in case of an accident. This binding agreement is intended to provide a comprehensive assumption of risk, waiver, covenant not to sue, and release of liability in favor of Dudziak's School of Gymnastics (DSG). PLEASE READ CAREFULLY BEFORE SIGNING.

There are inherent risks and dangers associated with the participation in and attendance at gymnastics, events, programs, and activities performed at DSG that can result in bodily injury, disability, paralysis, and, in rare instances, even death. These risks and dangers may be caused by the action, inaction or negligence of participants and parents or can result from the action, inaction, rescue attempts or procedures, or negligence of others, including, but not limited to, the participant(s) or guardians of the participant(s) named below. Partaking in all DSG activities assumes such risks and dangers.

By executing this Release, I FULLY ACCEPT AND ASSUME THE RISKS for any losses and/or damages that may arise as a result from any injuries, or death that I, or the Participant(s) listed below, may sustain as a result of participation in the activities and programs offered by DSG. I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Dudziak's School of Gymnastics (DSG), it's instructors, coaches, directors, employees, and agents from ALL LIABILITY TO THE PARTICIPANT AND THE PARENTS (OR LEGAL GUARDIANS) for any and all claims on injuries which may be sustained while participating in activities at DSG. I recognize the risks and dangers inherently associated with such programs, events, and activities encompassed in DSG and understand that any activity involving height and/or motion can result in serious or permanent injury or even death.

I, THE PARTICIPANT OR LEGAL GUARDIAN OF THE PARTICIPANT(S) LISTED BELOW, HAVE READ AND UNDERSTAND THE ABOVE RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK; I FULLY UNDERSTAND ITS TERMS; I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

(Participant Name) (Participant signature if over 18yrs) (Age) (Date)

(Participant Name) (Participant signature if over 18yrs) (Age) (Date)

(Participant Name) (Participant Signature if over 18yrs) (Age) (Date)

Guardian Name: _____ Relationship: _____

Guardian Signature: _____ Date: ____/____/____

Guardian Name: _____ Relationship: _____

Guardian Signature: _____ Date: ____/____/____

PHOTO PERMISSION FORM
PUBLISHING OF STUDENT PICTURE OR LIKENESS

I hereby give Dudziak's School of Gymnastics permission to use my or my child's likeness in photography for publications, promotional purposes, website, media press releases and coverage and any other purpose on behalf of Dudziak's School of Gymnastics activities.

(Participant Name) (Participant Signature if over 18yrs) (Age) (Date)

Guardian Name: _____ Relationship: _____

Guardian Signature: _____ Date: ____/____/____