

# EXTREME GYMNASTICS & CHEER

3210 Swetzer Rd, Loomis, CA 95650 (916) 652-6559

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  F  M

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  F  M

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  F  M

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  F  M

Parent / Guardian(s) Name(s) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Emergency Phone ( ) \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_

Medical Alert / Allergies / Physical Limitations: \_\_\_\_\_

**Extreme Gymnastics requires one month written notice for all recreational classes, team and pre team. Notice must be given by the 1<sup>st</sup> of the month to unenroll for the following month. Please sign acknowledging that you will let the front desk know if you will not be re-enrolling. All charges occurred will be your responsibility until proper notice is given.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Automatic Payment

Automatic payment is a requirement of enrollment, payments will be processed on the 15<sup>th</sup> of each month or the 1<sup>st</sup> of the month (team only). If your card information changes, we will need notification prior to payment processing, in the event of non-sufficient funds a \$5.00 fee will be applied. Please fill in the information needed or visit our Parent Portal to enter your card info when you're ready to enroll.

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Billing zip code: \_\_\_\_\_ CVC: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*Please make sure you have signed the BACK of this waiver**

### OFFICE USE ONLY

Child Class Code(s) \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Membership \$ 40 Tuition \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION IS RISK, AND INDEMNITY AGREEMENT**

**("AGREEMENT")**

In consideration of participating at Extreme Gymnastics & Cheer, I represent that I understand the nature of this Activity and that I am or my child is qualified, in good health, and in proper physical condition to participate in such Activity. I understand that all class times, coaches, and prices are subject to change without notice. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including VIRUS, sprains, broken bones, permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Extreme Gymnastics & Cheer, its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

**Printed name of participant(s)** \_\_\_\_\_

**PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of such claim.

**Printed name of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Legal Guardian** \_\_\_\_\_

Extreme Gymnastics has my permission to use my or my child's image publically to promote the Gymnastics facility. I understand that the images/ videos may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Consent of Treatment of a Minor**

Should it be necessary, in the opinion of a staff member of Extreme Gymnastics, Inc. to render first aid and assistance to the participant(s) listed above, I hereby grant permission to the staff of Extreme Gymnastics, Inc. and other medical personnel to render such aid and assistance as they may deem necessary. I have carefully read this consent for treatment of a minor and fully understand its contents.

**Signature of Parent/Legal Guardian** \_\_\_\_\_