

# THE REC ROOM GYMNASTICS REGISTRATION FORM

STUDENT'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ # \_\_\_\_\_

DOCTOR'S NAME AND PHONE \_\_\_\_\_ # \_\_\_\_\_

ARE THERE ANY MEDICAL SITUATIONS WE SHOULD BE AWARE OF? IF YES, PLEASE DESCRIBE.

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## WAIVER AND RELEASE FORM

I fully understand that The Rec Room, Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release The Rec Room, Inc. staff to render temporary first aid to my child or children in the event of and injury or illness and if deemed necessary by The Rec Room, Inc. staff member or its representatives, whether paid or volunteer to any health care facility or hospital, or the calling of an ambulance for said child should The Rec Room, Inc. staff deem this to be necessary.

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

We, the staff of The Rec Room, Inc. recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading and dance. Students may suffer injuries, possible minor, serious or catastrophic in nature. Gymnastics, tumbling and cheerleading can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

The Rec Room, Inc. its coaches and other staff members, will not accept responsibility for the injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, dance instruction, open workouts, or in the course of any exhibition, competition or clinic in which he or she may participate.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by The Rec Room, Inc. and/or its representatives, whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what he parent feels is appropriate. The Rec Room, Inc. staff will only warn the child through "Safety Messages" and our teaching style and progressions.

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