



REGISTRATION FORM

Student Name _____ **Sex** _____ **Age** _____ **DOB** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Home Phone _____ **E-Mail** _____
Mother's Name _____ **Cell Phone** _____
Father's Name _____ **Cell Phone** _____
Emergency Contact Name _____ **Phone** _____

How did you hear about us? Friend Newspaper Mailing Web Search Other _____

By signing, I understand and accept that all classes, special events, and/or any other program at Bieger International Gymnastics are subject to change, cancellation, or rescheduling. I have read and agree to abide by all Program rules and policies. I acknowledge and understand that all tuition, fees and custom apparel orders are NON REFUNDABLE! Any disputes over charges will be resolved by the Payor and Bieger International Gymnastics Management.

Parent/Participant Signature (if over 18) **Date**

Dual Release of Liability Waiver

Name of Child Participant _____
 Name of Adult Participant/Parent _____

I (we) despite all reasonable precautions implemented for safety, am (are) aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of BIEGER INTERNATIONAL GYMNASTICS from personal injury or accident of any sort of nature suffered by me (us) the undersigned, by reason or participation or membership in classes, lessons or any other programs or activities of BIEGER INTERNATIONAL GYMNASTICS.

Parent/Participant Signature (if over 18) **Date**

Minor Release

Name of Parent/Guardian _____

I the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health and in proper physical condition to participate in such activity. I hereby release, discharge covenant not to sue, and agree to indemnify and save the hold harmless each of the owner, operators, coaches and other members of B.I.G. from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if despite this release I, the minor or anyone on the minor's behalf makes a claim against any of the releases named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage or cost that may incur as the result of any such claim.

Parent/Guardian Signature **Date**

Permission to Treat

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

Medical Insurance Company _____
 Medical concerns _____

Parent/Guardian Signature **Date**