

REGISTRATION FORM

Bieger International Gymnastics Tel: (954) 426-3930 Fax: (954) 426-9228

Student Information

Student Name _____ Sex: _____ Age: _____ DOB: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
Mother's Name: _____ Occupation(opt): _____
Father's Name: _____ Occupation(opt): _____
Email Address: _____ May we invoice you via email? Yes or No
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.

X _____

Dual Release of Liability Waiver

Name of Child Participant If under 18: (Please Print) _____

Name of Adult Participant/Parent: (Please Print) _____

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 or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of BIEGER INTERNATIONAL GYMNASTICS.

_____ **Date:** _____

Parent/ Participant Signature (if over 18)

Minor Release

Name of Parent/Guardian (Please Print) _____

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 and hold harmless each of the owner, operators, coaches and other members at 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 releasees named above, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

_____ **Date:** _____

Signature of Parent or Guardian

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.

Signed _____ **Date:** _____

Medical Insurance Company: _____

Medical Concerns: _____