

Thunder River Gymnastics Registration Form

I am registering (Child's Name) _____

- Session 1: September 8 - October 20
 Session 2: October 27 - December 15 (No class November 24th)

Age: _____ Birthdate: _____

Blue Lake Room: (Circle one) Waddlers Toddler Room Brave Badgers Rockin Raccoons

Home phone: _____ Work Phone: _____ Cell: _____

Mailing Address _____

City _____ State _____ Zipcode _____

E-mail address: _____

Parent/Guardian Name (print) _____

Previous injuries or conditions? _____

Thunder River Gymnastics is committed to conducting its activities in the safest manner possible. We hold the safety of the participants in the highest possible regard. Parents must recognize however that there is an inherent risk of injury when choosing to participate in recreational activities. Thunder River Gymnastics continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety.

Acknowledgment of Risk and Release of Liability:

Please read this form carefully and be aware in registering your child or ward for participation in this program you will be acknowledging the risk and releasing all claims which you may have on behalf of your child/ward as a result of participating in this program. As a participant or parent/guardian of a participant in the program, I acknowledge that there are certain risks of injury and agree to assume those risks which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such a program. I release all claims, which may arise against, and agree not to sue, Gravity Works LLC, Thunder River Gymnastics Blue Lake Preschool, its officers, agents, employees, and authorized volunteers, on my behalf or on behalf of my minor child/ward as a result of participating in the program.

I further agree to indemnify, hold harmless and defend Gravity Works LLC, DBA Thunder River Gymnastics, Blue Lake Preschool, its officers, agents, employees and authorized personnel from any and all claims by other parties resulting from injuries, damages, and losses caused by me or my minor child arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize Cathy McNice Corbett or any Thunder River Gymnastic Coach to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for any and all medical services rendered.

I have read and fully understand the above. I understand this agreement shall not be modified orally.

Parent/Guardian Signature _____ Date: _____