

2008/2009

SHOOTING STAR GYMANSTICS, INC

Student Registration Form

Family Last Name _____
Address _____
City State Zip
Home Phone (____) _____

Parents Names

Mother _____ Business/Work Phone _____
First Last Cell Phone _____
Father _____ Business/Work Phone _____
First Last Cell Phone _____

_____ Male Female ___/___/___ Age: ___
Name (First, Last) Date of Birth
This person is allergic to: _____
This person is takes the following medications: _____ Purpose: _____
This person has the following disabilities: _____
Please list any activities which you feel are not appropriate for this child: _____

_____ Male Female ___/___/___ Age: ___
Name (First, Last) Date of Birth
This person is allergic to: _____
This person is takes the following medications: _____ Purpose: _____
This person has the following disabilities: _____
Please list any activities which you feel are not appropriate for this child: _____

ALTERNATE ADULT CONTACT:

If unable to reach parent, contact _____
Name Phone Relationship
Family Physician _____
Name Phone
Insurance Company: _____

- *Your personal health insurance is responsible for the hospital and physician costs incurred if you become injured or ill at the gym or at a club sponsored event and require the service of a physician*

SHOOTING STAR GYMNASTICS, INC

RELEASE FORM 2008/2009

This form MUST be completed before your child is allowed to participate

Student's Name(s): _____

MINOR WAIVER/RELEASE (Complete if Students are Under 18 Years By Parent or Guardian)

MINOR WAIVER/RELEASE

I understand the sports of gymnastics, dance, tumbling and cheerleading, etc.. involves certain inherent risks, Notwithstanding the safety precautions which are taken. I assume such risks in behalf of my child. In consideration of Your accepting my child as a student in your program(s), for myself, my heirs, my executors, administrators, and assigns, I waive and release any and all rights of claims or damages I have against Shooting Star Gymnastics, Inc., its sponsors, Agents, employees, representatives, successors, and assigns, (hereinafter collectively terms S.S.G.), for any and all Injuries and losses suffered by my child and/or me and agree to indemnify and hold harmless S.S.G. for any claims by me or Or my child arising out of participation in any program or otherwise at S.S.G. or at any other location during an Event sponsored by S.S.G. Additionally, I hereby grant S.S.G. permission to render first aid emergency treatment Which it considers necessary to my child while in attendance at S.S.G., or at any other location during an event Sponsored by S.S.G., and release all rights and claims for damages which said child or I may have against S.S.G. in Connection with the rendering of said first aid emergency treatment.

YES NO I am giving my permission for any photographs taken of my child while at S.S.G., or while representing S.S.G. to be used for newspaper publication or to be displayed at S.S.G.

Signed _____ Date _____
(Parent or Guardian)

SIGN NEXT CONSENT IF YOUR CHILD WILL BE ON A TRAVELING COMPETITION TEAM

CONSENT FOR TREATMENT FOR ACCIDENT & ILLNESS

CONSENT FOR TREATMENT FOR ACCIDENT AND ILLNESS

Hospitals require that parents or adult guardians must give written consent before treatment of a "minor" the situation is life threatening understand that S.S.G. is not responsible for matters of illness or accidents. I Certify that my child has had a medical examination to assure physical fitness and compatibility to perform the Gymnastics, Dance, or Cheerleading involved in the programs offered by S.S.G. In the event of any emergency, I Hereby give my permission to the licensed physician selected by S.S.G (ER Doctor while traveling) to hospitalize, Secure proper treatment, anesthesia, or surgery for my child if deemed medically necessary in a life-threatening event.

Child's Name _____
Child's Name _____ Signed _____ Date _____
Child's Name _____ Parent or Guardian

ADULT WAIVER/RELEASE

(Sign only if the parent accompanies the child into the gym, or if adult classes are being taken)

I understand the sport of gymnastics, dance, or cheerleading involves some inherent risks, notwithstanding the safety Precautions which are taken. I assume such risks. In consideration of your accepting me as a student in your program, for Myself, my heirs, executors, administrators, and assigns, I waive and release any and all rights and claims for damages I have against Shooting Star Gymnastics, Inc, its sponsors, agents or employees, representatives, successors and assigns, (herein after collectively termed S.S.G.), for any and all injuries and losses suffered by me at S.S.G. Additionally, I hereby grant permission to render first aid emergency treatment which it considers necessary to me in the event that I am physically unable to give consent as a result of an injury while in attendance at S.S.G., and release all rights and claims for damages.

Signed Date