

## Greater Kalamazoo World of Gymnastics, Inc.

Student's Name: \_\_\_\_\_ Sex: \_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact & Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

How did you learn about GKWG? \_\_\_\_\_

Has this student been enrolled in classes before? \_\_\_\_\_ Where? \_\_\_\_\_

Are there any medical conditions to which we should be alerted? \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Ins. ID# \_\_\_\_\_

Open Work Out is a supervised, unstructured gymnastics practice for ages 6 and up. Students under 6 may participate with a parent. Participants can practice skills they are working on. They must follow all rules as instructed by Supervisors. Some apparatus is off limits unless a coach is available to spot. Coaches rotate throughout the work out.

The cost is \$8 cash each at the door. This completely filled out and signed form is required.

### **Acknowledgement of Risk and Waiver of Liability**

As legal guardian of \_\_\_\_\_ I hereby consent to the above person participating in Greater Kalamazoo World of Gymnastics, Inc. (hereafter called GKWG) programs. I recognize that potentially severe injuries, including permanent paralysis and death, can occur in any activity involving height or motion including gymnastics. I also realize that my child and/or I will be performing and training on all gymnastics events plus various other training devices including trampoline when registered for any GKWG program.

I understand that it is the expressed intent of GKWG to provide for the safety and protection of my child and/or myself, and, in consideration for allowing my child and/or myself to use these facilities, I hereby forever release GKWG, its officers, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child and/or while under their instruction, supervision or control.

As legal guardian of the aforementioned person, I hereby agree to individually provide for any possible future medical expenses which may be incurred by my child and/or myself as a result of any injury sustained while training at or performing for Greater Kalamazoo World of Gymnastics, Inc.

Having thoroughly read this Acknowledgment of Risk and Waiver of Liability and understanding it completely as to its content and intent, I give my signature freely to this document in order that my child and/or myself may participate in Greater Kalamazoo World of Gymnastics, Inc. programs.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_