

Greater Kalamazoo World of Gymnastics, Inc.

Student's Name: _____ Sex: ___ Birth Date: _____

Age: _____ Grade: _____ School: _____

Home Address: _____
Street City State Zip

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Phone: _____ Emergency Contact & Phone: _____

How did you learn about GKWG? _____

Has the above student ever been enrolled in classes before? _____ Where? _____

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

Medical Insurer: _____ Account/Contract # for Med. Ins. _____

1st Class (Choice*) : _____ Day: _____ Time: _____

2nd Class (Choice*): _____ Day: _____ Time: _____

Please list additional classes on the other side.

Enclosed is the \$30. non-refundable Annual Fee (unless paid within the last year) \$ 30.00

*Assume your first gymn. class choice has been Tuition: \$ _____
accepted unless notified otherwise.

Total Enclosed: \$ _____**

** Payment is required to reserve your class. Attach check payable to GKWG or credit card information:

Visa or Mastercard # _____ Exp. _____

Write credit card name, address, phone & signature on reverse side if other than person signing this form.

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. programs. I recognize that potentially severe injuries, including permanent paralysis and death can occur in any activity involving height or motion including gymnastics and dance. I also realize that my child will be performing and training on all gymnastics events plus various other training devices including trampoline when enrolled in any level of gymnastics.

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

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 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 may participate in Greater Kalamazoo World of Gymnastics, Inc. programs.

Parent or Guardian's Signature: _____ Date: _____