



BPC GYM KIDS GYMNASTICS REGISTRATION FORM



STUDENT INFORMATION

Student's Name _____ M or F Birthdate _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Gym Partner/Nanny's Name _____ Cell Phone _____

Mailing Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Other Phone _____

Email Address _____

Medical Information: Doctor _____ Phone _____

Insurance Company _____ Phone _____

Please list any physical/mental limitations, allergies or medical conditions: _____

MEDICAL AND PHOTO RELEASE

By the very nature of the activity, gymnastics and yoga carry a risk of physical injury. No matter how careful the student and the instructor are, no matter how many spotters are used, no matter what height is used or landing surface exists, the risk cannot be eliminated. The risk of injury includes, but is not limited to minor injuries such as bruises and more serious injuries such as broken bones, dislocations, muscle pulls and stitches. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. BPC GYM KIDS is bound by law to inform all participants and their guardians of the risk involved in the activities of gymnastics and yoga. Anyone participating in the BPC GYM KIDS gymnastics program must sign the notice on the application and must adhere to the safety guidelines governing BPC GYM KIDS. Safety guidelines are posted at: www.bpcgymkids.com.

I hereby agree to waive any claims or rights that I might otherwise have to sue BPC GYM KIDS, its employees, owners or officers for injuries that may occur as a result of any activity conducted by BPC GYM KIDS. I assume all liability for any risk. If injury should occur to the above named child while participating in any BPC GYM KIDS activity, I hereby authorize BPC GYM KIDS to make use of my insurance policy. I understand that payment will be made directly to the doctor or hospital. Should my insurance not make full payment, I will accept the remainder of the financial responsibility.

Parent or Guardian Signature _____ **Date** _____