

REGISTRATION FORM 2018-2019

STUDENT INFORMATION:

Name: _____ Sex: _____ Age: _____ DOB: _____

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FILL OUT BELOW SECTION IF GYMNAST IS NEW TO DC GYM OR IF INFO HAS CHANGED:

Parent Name/s: _____ Contact Phone: _____

Mailing address: _____

Emergency contact - name + phone: _____

Email: _____ Medical conditions: _____

CLASS INFORMATION:**1st Class:** _____ **Day:** _____ **Time:** _____**2nd Class:** _____ **Day:** _____ **Time:** _____**3rd Class:** _____ **Day:** _____ **Time:** _____**4th Class:** _____ **Day:** _____ **Time:** _____**PAYMENT: (we require credit card information for ALL accounts)**

Visa ____ MC ____ Disc ____ Card Number: _____

Name on Card: _____ Exp. Date: _____

AUTOCHARGE MY ACCOUNT? Yes _____ No _____**We require \$40 registration fee + first/last month tuition.****This payment is NON-REFUNDABLE:****Payment Type:**

Insurance/Registration Fee: _____

First Month Tuition: _____

Credit: _____

Last Month Tuition: _____

Check: _____

Total: _____

Cash: _____

Acknowledgement of Risk of Waiver of Liability

I agree that "child/children" named above, will be engaging in physical exercise involving various sports, coordination events, and fitness training (hereafter referred to as "activities") which potentially could cause injury to him/her. I agree that my child/children are voluntarily participating in these activities and will assume all risks of injury that might occur as a result thereof. I hereby agree to expressly release and waive any and all claims, demands, actions, judgments and/or rights that I might otherwise have against DaChen LLC/DcSport Gymnastics School (hereafter referred to as "entity"), its officers, directors, shareholders, employees, agents and all others associated with the entity from any and all liability for any and all damages and/or injuries that might occur as a result of these activities. I understand that the entity makes no evaluation or recommendations of my child/children's physical ability for participation in any activities. If my child/children have any physical condition(s) that may impair their ability to engage in these activities, I understand that it is my responsibility to obtain a physician's statement describing any limitation to participate in this program and to fully comply with any said provisions of a physician's statement. I also give my permission for the use of my child/children's name and/or picture on the entity's website, social media accounts, or any other similar telecast or broadcast depicting any of the activities.

Parent or Legal Guardian's Signature: _____ **Date:** _____