



BIRTHDAY PARTY Registration Form



No one shall be able to participate in any gymnastics activity without a release form filled out and signed by a parent. We appreciate your understanding of this policy.

Home Phone # _____

Mother's Name (First) _____ (Last) _____

Father's Name (First) _____ (Last) _____

Address _____

City _____ Zip Code _____

Email (Optional) _____

Emergency # _____

Child's Name _____ Gender _____ Birth date ____/____/____

Child's Name _____ Gender _____ Birth date ____/____/____

Health Concerns/Medication/Allergies _____

Release:

I understand the possibility of injury, including serious injury, that can occur in the sport of gymnastics and hereby accept responsibility and release all claims or debts due to injury that can occur with participation in gymnastics, against the owners of S.D. Gymnastics World of Georgia, all instructors of S.D. Gymnastics World of Georgia, or other individuals associated with S.D. Gymnastics World of Georgia. Should pictures and/or video be taken during any event, I do hereby give permission for myself or my child/children to be included in picture(s), likeness, image and/or voice in a videotape or publication promoting S.D. Gymnastics World of Georgia. I also understand that I and/or my child/children will not receive any additional compensation for said photos and/or video. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a waiver and release of liability.

Parent Signature _____ Date _____