

AMERICA'S FINEST GYMNASTICS

126 B West Parrish St.  
Statesboro, GA 30458  
(912)764-4300

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
School: \_\_\_\_\_ Church: \_\_\_\_\_

\*Allergies: \_\_\_\_\_

\*Medications currently taking: \_\_\_\_\_

\*Please list any injuries you have had along with the year in which they occurred: \_\_\_\_\_  
\_\_\_\_\_

\*Do you still suffer from an injury or illness in such a manner that it may inhibit you from participating in gymnastics in any way? If so, explain: \_\_\_\_\_  
\_\_\_\_\_

**PAYMENT INFORMATION**

Tuition: \_\_\_\_\_ Registration fee: \_\_\_\_\_ Pro-rated fee: \_\_\_\_\_

Sibling discount 10%: \_\_\_\_\_ Total due: \_\_\_\_\_

\*Yearly registration fee: \$40 10% discount for each sibling enrolled.

**CONTACT INFORMATION**

Parent's Name: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (Mom W) \_\_\_\_\_ (Dad W) \_\_\_\_\_

(Mom C) \_\_\_\_\_ (Dad C) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In Case of Emergency:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PERMISSION FOR PICK-UP**

I, \_\_\_\_\_, give permission for my child(ren) to be picked-up by the following persons:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phnoe #: \_\_\_\_\_ Relation: \_\_\_\_\_

**PERMISSION FOR PHOTOS**

I, \_\_\_\_\_, being the parent/legal guardian of the mentioned child, give permission for photos to be taken of him/her to be used to promote this program. In giving permission I understand that photos may be placed on a web site, newspaper (local and abroad), magazine, flyer, television, or any other form of media.

**ATHLETE MEMBERSHIP AGREEMENT and INFORMATION**

Upon membership in America's Finest Gymnastics and my participation in classes, events and activities thereof, I agree to be bound by the following:

1. **Eligibility:** I agree to comply with all written and verbally stated rules of America's Finest Gymnastics.
2. **Readiness to Participate:** I will only participate in those classes and/or activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have trained my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure myself I can perform them without assistance and without injury.
3. **Medical Attention:** I hereby give consent to America's Finest Gymnastics and/or the host organization to provide, through a medical staff of it's choice, customary to medical/athletic attention, transportation and emergency medical services warranted in the course of participation.
4. **Participation in stated activities:** I understand that I am limited to participation in only the class that I have registered for. Any participation of another class whether it of an organized or casual nature is not permitted. Furthermore, I understand that a supervising coach must be present at all times during activity.
5. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of employees, agents, officers, and directors of this organization and that they shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such damage is and can be proven to have occurred due to the intentional or reckless conduct of one of the organizations or individuals identified above.

**FOR ANY ATHLETE UNDER 18 YRS. OR AGE:** As legal guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above stated conditions for permitting my child to participate in classes, events, competitions and activities conducted by America's Finest Regional Training Center.

Printed name of Parent: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE INFORMATION**

\*All participants must be covered by a current and active insurance policy. Failure to provide inaccurate or untrue insurance information will render all contracts null and void. No person(s) is allowed to participate without personal insurance coverage.

Primary Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Group ID #: \_\_\_\_\_  
I am a US citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLUB WAIVER and RELEASE INFORMATION**

I fully understand that America's Finest Gymnastic staff members are not physicians or medical practitioners of any kind. With the above stated in mind, I hereby release America's Finest staff to render temporary first aid to my child(ren) in the event of injury or illness, and if deemed necessary by America's Finest staff to call our Dr. or seek emergency medical help, including transportation by America's Finest staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital. I give permission for America's Finest staff to seek aid by calling for an ambulance.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

We, the staff of America's Finest recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, aerobics, dance and karate. Students may suffer injuries, minor as well as catastrophic in nature. Gymnastics, Tumbling, Cheerleading, Aerobics, Dance and Karate can be dangerous and may lead to injury resulting in paralysis and even death.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and coaches' instruction.

America's Finest , its coaches and other staff members, do not and will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, aerobics, dance or karate instruction, or open workout, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from any such event.

With the above stated in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child(ren) participate in the programs offered by America's Finest Regional Training Center. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child(ren) may have against America's Finest Gymnastics and/or its representatives whether paid or volunteer.

I also, affirm that I now have and will continue to have and provide active hospitalization, health and accidental insurance coverage, which I consider adequate for by my child's protection as well as my own.

I understand that it is the parents' responsibility to warn the child about dangers and possibility of injury while participating in the sport of gymnastics. The parent should warn the child according to what the parent feels appropriate. America's Finest is only bound and responsible for warning the child through "Safety Messages" and our teaching style and progression therein.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_