

Start Date: _____

Student's Last Name: _____

Class: _____

Twist Gymnastics

Students Name: _____

Age: _____

Birth Date: _____ Mom's Name: _____ Dad's Name: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____ Home: _____

Emergency Phone: _____ Relation: _____

Email Mom: _____

Email Dad: _____

Doctor's Name: _____

Medical History: Please indicate any medical condition that may be cause or our concern for your child's participation in gymnastics activities. All information is strictly confidential.

Existing medical conditions / limitations: (Be specific): _____

Allergies: _____

Medications: _____

I verify that my child is in good health for participation in gymnastics activities and that all information is correct.

In the event that my child becomes ill or requires medical attention, the present supervisor at Twist Gymnastics has my permission to have her / him treated if I cannot be contacted.

I hereby agree to hold harmless Twist gymnastics and its instructors for any accident occurring in the gymnasium.

Signature of parent / Guardian

Date

Twist Gymnastics has permission to use photos of my Student for promotional purposes (We never use names). Initial Here _____.

Office Use Only:

Waiver: _____

Pynt Plan: _____

Twist Gymnastics
2130 John Rolfe Parkway
Henrico, VA 23233

Date: _____

Child's Name: _____

Parent / Guardian: _____

RELEASE

As the legal guardian of (child) _____, I agree that gymnastics or any activity that involves motion, rotation, and height in a unique environment carries with it a reasonable assumption of risk. Twist Gymnastics is bound by law to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics. Anyone participating in the Twist Gymnastics program (along with those legally responsible for the participant) must sign this release and adhere to the safety rules governing the gymnasium.

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and the coach are, no matter how many spotters are used, no matter what height is used, no matter what landing surface, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injuries includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks also include catastrophic injuries such as permanent paralysis or even death from landing or fall on the back, neck or head.

In consideration of Twist Gymnastics acceptance of the applicant (s), and in the consideration of the applicant's opportunity to improve gymnastic skills through the use of Twist staff, equipment and facilities, those legally responsible of the named enrolling student(s) realize the risk of injury involved and hereby agree to assume the responsibility of such for said student(s) and further agree to save and hold harmless Twist Gymnastics, its employees, and all others concerned, and to indemnify them against loss.

Intending to be legally bound, our signature is offered hereto: By signing below I acknowledge the above release and agree to abide by the Rules and Regulations of Twist Gymnastics.

Parents Signature

Date