

# Titan Gymnastics Registration Form

973 300-2022

## Student Info

Students Name: \_\_\_\_\_ M / F Date of Birth: \_\_\_\_\_

Parent/Legal Guardian's name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Info

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_

Previous Illness/Injuries: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Primary Medical Insurance: \_\_\_\_\_

## Acknowledgement of Risk and Liability Waiver

As legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in the Titan Gymnastics programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including dance , gymnastics, and related activities including tumbling and trampoline.

I understand that it is the express intent of Titan Gymnastics to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release Titan Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Titan Gymnastics.

As legal Guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Titan Gymnastics.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

## Permission To Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

## **OFFICE USE ONLY**

Registration Date _____ Class _____ Day _____ Time _____
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