



TODAY'S DATE: _____

REGISTRATION

Please read agreement on both sides before you register

1. STUDENT'S NAME: _____ BIRTHDATE _____ AGE _____ SEX _____
CLASS/ DAY/ TIME _____ START DATE _____
Credit Card # _____ Exp. # _____ Verification Code _____
Name on Credit Card _____

Billing address on Credit Card, if different than contact info. Below _____

Would you like to use our Monthly Auto-Pay Program for tuition? Please circle Yes No (If no your credit card will still be charged if not paid by the 5th)

FATHER'S NAME: _____ FATHER'S CELL: () _____

MOTHER'S NAME: _____ MOTHER'S CELL: () _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: () _____ E-mail Required: _____

2. 2nd STUDENT IN FAMILY: _____ BIRTHDATE _____ AGE _____ SEX _____

CLASS DAY/TIME _____ START DATE _____

3. 3rd STUDENT IN FAMILY: _____ BIRTHDATE _____ AGE _____ SEX _____

CLASS DAY/TIME _____ START DATE _____

In case of an emergency the person other than the parents to be notified is: Name/Relationship _____ Emergency Phone _____

Medical Authorization and Agreement to Policies

I fully understand that the staff of Everglades Gymnastics Inc. DBA Coral Reef Gymnastics & Cheer are not physicians or medical practitioners of any kind. With that in mind, I hereby release Everglades Gymnastics Inc. DBA Coral Reef Gymnastics & Cheer to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Everglades Gymnastics Inc. DBA Coral Reef Gymnastics & Cheer INITIALS X _____

Does your child have any medical conditions (mental or physical) or medications we should be aware of, including but not limited to (circle all that apply); seizures, Downs Syndrome, dizzy spells, previous neck or spine injuries or conditions, high blood pressure, diabetes, autism, epilepsy, heart condition etc.***ALL ABOVE CONDITIONS REQUIRE A DOCTORS RELEASE claiming your child is fit enough to take "GYMNASTICS" and/or "CHEER/TUMBLE". ***Please list any other such as asthma, broken bones, or write "none". If my child requires an inhaler to be brought to class, I understand I am required to stay with him/her or get a doctor's release. INITIALS X _____

I understand my child will be enrolled in class unless I cancel in writing 30 days before the scheduled payment date (which is the 1st of every month). If payment is not made by the 5th of the month, I authorize my credit card account listed above to be charged. I realize it is my responsibility to notify the office in writing 30 days before the scheduled payment date to stop my credit card from being billed regardless of my child's attendance in class. If payment is not made I understand that I will be sent to a collections agency and will be billed the collections fees as well as any other fees associated with bringing the account current. The Team Program is a yearly commitment and tuition will continue to be withdrawn monthly until the end of the season. INITIALS X _____

Parent/Guardian Signature: X _____



TODAY'S DATE: _____

Participation Liability Waiver

Warning!!!

In consideration for the use of services, facilities, or equipment provided by Coral Reef Gymnastics & Cheer, the participant(s) hereby releases Everglades Gymnastics Inc. DBA Coral Reef Gymnastics & Cheer, it's subsidiaries, affiliates, partners, officers, directors, employees, agents, and volunteers (and each of their respective heirs, assigns, and legal representatives), on behalf of the participant(s) or his or her heirs, assigns and legal representatives, from any and all liability for negligence, bodily injuries, death or property damage to participant, arising out of participant's use of, or presence upon property or services of Everglades Gymnastics Inc. DBA Coral Reef Gymnastics & Cheer.

The participant at Coral Reef Gymnastics & Cheer understands, acknowledges and agrees that acrobatics, gymnastics, tumbling and trampoline, inflatable, birthday parties, camp, martial arts, open gym, rock wall climbing, and arcade games are dangerous activities, and those activities can result in injury to the person or damage to the property or to third parties and the participant is fully aware of the risks inherent in engaging in or observing any activity at or provided by Coral Reef Gymnastics, no matter how careful the participants and staff, no matter what safety equipment is used, the risk cannot be eliminated. Risk can be reduced but never eliminated.

The risk of injury includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks include catastrophic injuries such as permanent paralysis or death.

These can occur from landings or falls on the back, neck or head and other such occurrences. The participant may suffer such injuries while merely observing or being in the proximity to our activities as other participants may collide, land or fall upon you. The participant is aware of the conditions of the facilities and that conditions may become more dangerous during the time the participant is using the premises. The participant voluntarily assumes all risk of loss, damage, or injury while on the premises. The participant acknowledges that there are various degrees of skill and experience required for the different activities and the participant will abide by the rules for the use of the various activities, including wearing all of the protective gear and equipment that is required for participation and will follow instructions of staff members. Failure to follow rules and instructions from staff may result in termination of participation in activities without refund.

The participant agrees to indemnify Everglades Gymnastics Inc. DBA Coral Reef Gymnastics & Cheer against, and save it harmless from, any, and all damages, actions, claims, judgments, costs of litigation and attorney fees which may result from the participants use of or presence upon the property or facilities or services of Coral Reef Gymnastics & Cheer, including damage to the equipment used by Coral Reef Gymnastics & Cheer, or lessor's property.

I hereby authorize Coral Reef Gymnastics & Cheer to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the participant or participant's family. I certify to Everglades Gymnastics Inc. DBA Coral Reef Gymnastics & Cheer that I have no physical condition or mental impairment that would be affected by participation in activities of Coral Reef Gymnastics & Cheer. I permit Coral Reef Gymnastics & Cheer to use any photographs, videotapes, motion picture recordings, or any other record taken while I am on the premises of Coral Reef Gymnastics & Cheer, or engaged in any activity or event sponsored, promoted or organized by Coral Reef Gymnastics & Cheer for publicity, advertising, or any legitimate purpose.

By signing this I understand that even though I am not taking gymnastics or tumbling I will not be on the equipment I may injure myself being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at Coral Reef Gymnastics & Cheer; the participant(s) hereby releases Everglades Gymnastics Inc. DBA Coral Reef Gymnastics & Cheer. This could include, but not limited to stepping off uneven mats and twisting an ankle, broken bones, torn ligaments, spine injuries, or even death. This also includes outside the building in the parking lot and all surrounding areas. By your attendance in class, you are granting your permission for you and your child to be filmed, videotaped, audio-taped or photographed by any means and are granting full use of your likeness, voice and words without compensation.

Has the parent/participant accompanying the child out into the gym or after school room had any recent surgeries or injuries? X _____ Date _____

NOTE: If someone other than yourself accompanies your child to class they need to sign under additional participant's signature.

X _____ Date: _____

ADDITIONAL PARTICIPANT SEE OTHER SIDE FOR MEDICAL AUTHORIZATION

Did anyone refer you to our gym? They receive \$20.00 towards their tuition Name: _____

How did you hear about Coral Reef Gymnastics & Cheer? _____ Ad? _____ Word of Mouth _____

Postcard Birthday Party Other (Please specify) _____

By signing this waiver and assumption of risk and release, I acknowledge that I have read the above release and fully understand its contents. I agree to be bound by the terms of the release and understand that any and all risks, whether known or unknown, are expressly waived in advance. I certify that the participation is covered by insurance to cover any injury or damages I may suffer or cause, or else I agree to bear the costs for such injury or damage to myself, or other.

PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPATION IS UNDER THE AGE OF 19.

Signature of parent/legal guardian _____ Date _____

Print name of parent/legal guardian _____ Relationship to participant _____

Witness _____ Date _____

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