



Gold Coast Gymnastics

Please include first and last names of each gymnast and of both parents

1st Gymnast _____ DOB _____ Class Assigned _____

2nd Gymnast _____ DOB _____ Class Assigned _____

3rd Gymnast _____ DOB _____ Class Assigned _____

4th Gymnast _____ DOB _____ Class Assigned _____

Street Address _____ City _____ Zip _____

Father's Name _____ Father's Work # _____

Mother's Name _____ Mother's Work # _____

Home # _____ Father's Cell # _____ Mother's Cell # _____

E-mail address (es) _____

Emergency Contact _____ Phone # _____ Relationship _____

Insurance Company _____ Policy # _____

Additional Information (Allergies, Medication, Special Care, Preexisting Condition which can be associated with gymnastics)

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

By permitting my child to participate in Gold Coast Gymnastics' camps, classes, pizza nights, or open gym, I understand and acknowledge that participation in gymnastics and tumbling involves a certain degree of risk, and hereby release Gold Coast Gymnastics, it's owners, employees, and volunteers, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of Gold Coast Gymnastics in or upon the premises of Gold Coast Gymnastics. Gold Coast Gymnastics recommends a doctor's physical before participation in any sport, for the benefit of your child.

In addition, in case of medical emergency, I hereby give permission via my signature to hospitalize and secure proper treatment for the gymnast(s) listed above.

I agree to make full monthly tuition payments, unless written notification of intent to cancel is made two weeks in advance of any month. Payment is due the 1st of the month. A \$10 late fee will be assessed to any payment received after the 10th of the month.

In signing this document, I irrevocably state that I fully understand the terms and conditions set forth above by Gold Coast Gymnastics Club.

Parent/Guardian Signature

Date