

**LITTLE STARS GYMNASTICS
WAIVER/CLASS REGISTRATION FORM**

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Student Name _____ Age _____ Sex _____ DOB _____

Street Address _____ Apt # _____

City _____ St _____ Zip _____

Phone Number _____ Parent's Names _____

Emer. Number _____ Emer. Contact Person _____

Father Cell Phone _____ Mother Cell Phone _____

E-mail Address _____

Any Medical Conditions (asthma, allergies, etc.) _____

How did you find out about us? Friend Newspaper website Other

Member _____ Non-Member _____

Acknowledgement of Risk and Waiver of Liability

As a legal guardian of _____, I hereby consent to the aforementioned person participating in the Little Stars Gymnastics program. I am fully aware of and have a complete understanding that potentially severe or catastrophic injuries, including permanent paralysis or death may be associated with any activity involving height or motion including gymnastics and related activities including tumbling and/or trampoline.

I hereby release Little Stars Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child under the instruction, supervision, or control of Little Stars Gymnastics or while at any of its facilities. As a legal guardian of the aforementioned person I hereby agree to individually provide for the possible future medical expenses which may be incurred by the aforementioned child as a result of any injury sustained while training with the Little Stars Gymnastics. The acknowledgement of risk and waiver of liability, having been thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian _____ Date _____

CLASS TITLE	DAY	TIME
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