

**LITTLE STARS GYMNASTICS WAIVER
CLASS REGISTRATION FORM**



AT SKY ZONE HIGHLAND HEIGHTS



Student Name: _____ Age: _____ Sex: _____ DOB: _____

Address: _____ Apt #: _____ City: _____ ST: _____ Zip: _____

Phone Number: _____ Parent's Name: _____

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: Family/Friend Internet Other: _____

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, Corner of the Sky, LLC, Alison Realty Company & Jet, Inc., their 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. By my signature, I understand that this class is under an independent contractor who has sole control over its content and supervision. I agree not to hold the City of Highland Heights, Sky Zone Highland Heights or their employees responsible for any injuries suffered during this activity.

• No Refunds After Session Begins

Parent or Legal Guardian _____ Date _____

Class: _____ Day: _____ Time: _____

Photography Authorization & Release: Photos will be taken periodically during all Little Stars Gymnastics classes. The photos will be used on our website and for various marketing and promotional print pieces for the purpose of promoting the Little Stars Gymnastics classes. The photos will never be given to or sold to any other media for any other use. By signing below you are giving Little Stars Gymnastics permission to photograph your child during classes and reproduce those images for the previously stated purposes.

Yes - It is okay to photograph my child - Parent Signature: _____ No - Do Not Photograph My Child